



Ministry of Health
& Family Welfare
Government of India



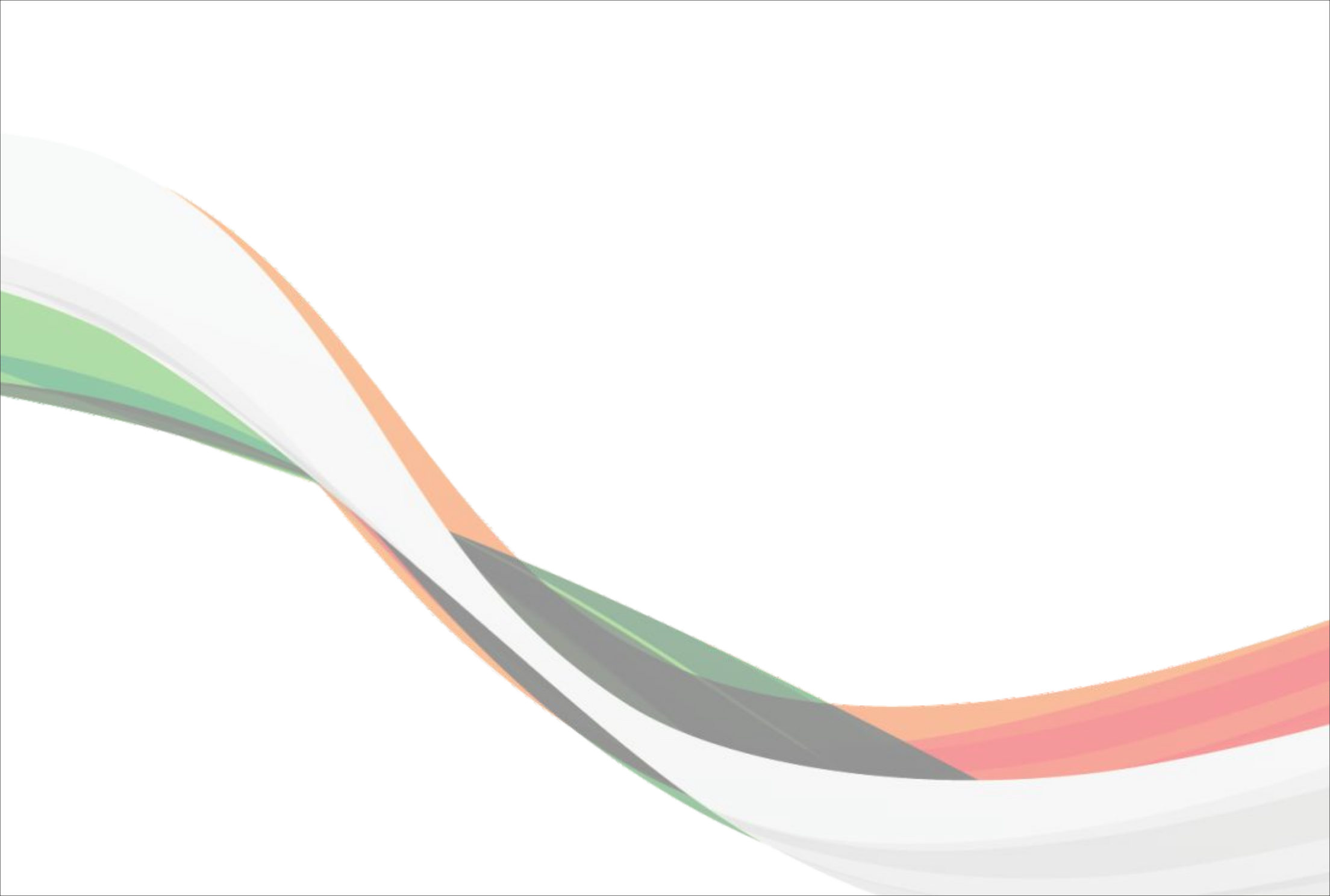
World Health
Organization
India



THE WHO INDIA COUNTRY COOPERATION STRATEGY 2019–2023: A TIME OF TRANSITION

**THE WHO INDIA
COUNTRY
COOPERATION
STRATEGY 2019–2023:
A TIME OF TRANSITION**







The WHO India Country Cooperation Strategy 2019–2023: a time of transition

ISBN: 978–92–9022–713–7

© World Health Organization 2019

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization. Suggested citation. The WHO India Country Cooperation Strategy 2019–2023: a time of transition. New Delhi: World Health Organization, Regional Office for South-East Asia; 2019. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Contents

■ Foreword by Union Minister for Health & Family Welfare, Government of India	i
■ Message from Regional Director, WHO South-East Asia	ii
■ Message from Secretary, Ministry of Health & Family Welfare, Government of India	iii
■ Message from WHO Representative to India	iv
■ Abbreviations and acronyms	v
■ Executive summary	vi
1. Introduction: Working towards common goals	1
Ensuring healthy lives and promoting well-being	1
2. A country and health sector in transition	2
Health takes centerstage in India	2
A new government commitment to invest in health	5
3. The work of WHO in India	9
How WHO is effective in India: a range of comparative advantages	9
The contribution of WHO to recent advances in health in India	9
A transition in the role of WHO in India	12
Working with other partners	13
4. Setting the agenda for WHO cooperation	17
Strategic Priority 1: Accelerate progress on UHC	17
Strategic Priority 2: Promote health and wellness by addressing determinants of health	19
Strategic Priority 3: Better protect the population against health emergencies	21
Strategic Priority 4: Enhance India's global leadership in health	23
5. Monitoring and evaluation of the CCS	26
CCS monitoring and evaluation framework	26
Annexure 1 - A monitoring framework: measuring GPW13-aligned outputs and impact targets for the four CCS strategic priorities	30

Foreword



Dr Harsh Vardhan

Union Minister for Health & Family Welfare
Government of India

India is currently in a period of rapid economic development and demographic and epidemiological transition. There have been significant achievements in the health sector especially over the last decade including eradication of Poliomyelitis, elimination of Maternal and Neonatal Tetanus and Yaws, considerable reductions in maternal and newborn mortality.

Building upon these triumphs, India has instituted a series of initiatives to sustain and accelerate the gains, thus bringing health on to the national discourse and agenda.

As outlined in the National Health Policy 2017, Government of India has committed to more than double its investment in health and has set on a clear path to improve the health of its population and achieving universal health coverage. India is committed to ensuring that its population has universal access to good quality health care services without anyone having to face financial hardship as a consequence through the implementation of Ayushman Bharat programme. The Government of India has also embarked on establishing a digital health ecosystem to increase the availability of high-quality and timely health intelligence.

However, some challenges still remain. Access to quality comprehensive Primary Health Care (PHC), catastrophic health expenditures pushing people into poverty, new and emerging priorities like Non-Communicable Diseases (NCDs) and sustaining successes in the control of communicable and vaccine preventable diseases, especially to achieve the Sustainable Development Goals by 2030.

WHO India has been working closely with the Ministry of Health & Family Welfare to further the health agenda in the country. The country Cooperation Strategy (CCS) provides a roadmap for WHO support to the Government of India (GoI) to address and support health sector priorities and also to promote India's leadership in global health.

The CCS covers a period of five years 2019–2023 and sets out the broad strategic priorities and corresponding focus programme areas. The period of this CCS is expected to bring rapid and significant changes to India's Health sector and to improve access to quality health care, especially to the vulnerable and underserved populations.

I congratulate WHO in developing the CCS through a process of in-depth consultation with various Government of India ministries and other stakeholders. The Government of India is committed to working in close collaboration with WHO, as the lead technical agency, to achieve the common goals and priorities outlined in the CCS.

Dr Harsh Vardhan

Union Minister for Health & Family Welfare
Government of India

Message



Dr Poonam Khetrpal Singh
Regional Director, WHO South-East Asia

India has made dramatic progress in advancing public health country-wide. As per the most recent Country Cooperation Strategy (CCS), which was in place from 2012 to 2018, the Ministry of Health & Family Welfare (MoHFW) has worked closely with WHO to identify strategic priorities and develop the operational plans and budgets needed to implement high-impact solutions. Success in a range of areas (both geographic and issue-based) has followed. Notably, India's success – from being certified polio-free in 2014 to its dramatic reductions in maternal, neonatal and child mortality – have also been the WHO South-East Asia Region's success, providing a powerful example of how the Region's eight Flagship Priorities can be applied to maximum effect.

As with all CCS' before it, the following CCS is, in every sense, a living document. It emphasizes the reality of epidemiological transition (from communicable to noncommunicable diseases), of programmatic transition (including the National Polio Surveillance Project's revised remit), of rapid economic growth, of funding transitions related to WHO-supported programmes alongside increased domestic investment and external assistance for national, regional and global priorities, such as the elimination of Tuberculosis. In each of these areas, India's potential to lead is – once again – profound, with many of the issues addressed germane to the wider region.

The following CCS in its comprehensiveness complements other key strategic policy documents. Not only does it exist alongside the MoHFW's own National Health Policy, developed in 2017, and the many path-breaking schemes India has since introduced – from Ayushman Bharat to its National Viral Hepatitis programme and promotion of Digital Health – but it also exists alongside WHO's 13th General Programme of Work and its 'triple billion' targets, the Sustainable Development Goals, and our Region's own Flagship Priorities. Significantly, it also reflects the Region's mission to sustain our many achievements, accelerate progress and harness the full power of innovation.

Within this broader context, the CCS is of unique value, outlining as it does the precise details of how WHO will support the MoHFW drive impact at the country level. That is a crucial point. As such, I am pleased that the priorities the CCS outlines – accelerating progress on universal health coverage, promoting health and wellness by addressing the determinants of health, better protecting the population against health emergencies, and enhancing India's global leadership – are aligned with and reflect the Region's broader strategic focus. I am also pleased that WHO, working in consultation with the MoHFW, has developed a comprehensive plan to provide the support needed to achieve the priorities the CCS outlines.

WHO will continue to support India achieve its objectives and pursue a trajectory to help sustain, accelerate and innovate measures that have produced dramatic advances in the health and well-being of its people. It will likewise continue to appreciate and commend India's successes and their broader impact within the WHO South-East Asia Region and beyond.

Dr Poonam Khetrpal Singh
Regional Director, WHO South-East Asia

Message



Ms Preeti Sudan

Secretary, Ministry of Health & Family Welfare
Government of India

The WHO Country Cooperation Strategy 2019–2023, which has been developed jointly between WHO and MoHFW, provides a roadmap for WHO to work with the Government of India (GoI) towards achieving its health sector goals and improve the health of its population. The priorities and activities outlined in the CCS are aligned with the goals and targets of the National Health Policy 2017 to bring in transformative changes in the health sector.

India has made great strides over the past two decades in improving the health of its citizens including elimination of several infectious diseases (polio, maternal and neonatal tetanus and yaws) and enhancing survival of mothers and newborns. As we are aware, the Government of India has committed to more than double its investment in health to improve access to affordable and quality health care towards making UHC a reality.

This CCS, which has been developed through a consultative approach with stakeholders, builds upon the work that WHO has been carrying out in the last several years. In addition, it identifies current and emerging health needs and challenges such as non-communicable diseases, antimicrobial resistance and air pollution, and makes recommendations to address the same.

The CCS document outlines four strategic priorities and corresponding focus areas for action. A monitoring and evaluation framework is also included to measure the progress of outlined deliverables. It may be pertinent to note, that during this CCS period, WHO's focus will gradually shift from providing field level implementation and monitoring to high-level policy guidance, advocacy and normative support.

The CCS coincides with the WHO 13th General Programme of Work (2019–2023). The CCS priorities are also aligned with the objectives of the United Nations Sustainable Development Framework (2018–2022) for India. India with a population of over 1.3 billion and significant health achievements will be an important contributor to achieving the SDGs.

We are fully committed to implementing this collaborative strategy and look forward to working with the WHO over the next five years, in translating this vision into action.

Ms Preeti Sudan

Secretary, Ministry of Health & Family Welfare
Government of India

Message



Dr Henk Bekedam
WHO Representative to India

Health has taken the centrestage of the public policy narrative in India. The commitment to a 'Healthy India' is well reflected in the National Health Policy 2017. A series of government initiatives have reaffirmed India's commitment towards health for all. The most recent ground-breaking 'Ayushman Bharat' programme will help achieve the vision of universal health coverage and its underlining commitment of "leave no one behind." Adopting a continuum of care approach, the programme holistically addresses health care — covering promotion, prevention, treatment, ambulatory and palliative care — at primary, secondary and tertiary levels.

This Country Cooperation Strategy (CCS) is the outcome of a collaborative effort by the Ministry of Health & Family Welfare, Government of India and WHO. The CCS is guided by India's National Health Policy 2017; government initiatives like Ayushman Bharat, Mission Indradhanush, Integrated Health Information Platform, focused programmes on communicable disease like viral hepatitis and tuberculosis; WHO South-East Asia Region's eight flagship priorities; WHO 13th General Programme of Work; and Sustainable Development Goals as captured in the United Nations Sustainable Development Framework for 2018–2022.

The implementation of the four strategic priorities outlined in this document will build on the remarkable successes in public health that India has already demonstrated to the world. The CCS is a dynamic document, which incorporates robust monitoring and evaluation mechanisms to measure progress. Given the rapid pace of change in India's health sector, a review of the WHO programme through the CCS will be undertaken by the end of 2020 to make appropriate adjustments in the work plan, if required.

These are exciting times indeed. We look forward to further strengthening our partnership with the Government of India. This is a great opportunity to showcase India as a model to the world across the complete spectrum of public health, and covering areas such as digital health and access to quality medical products amongst others. We are geared to step up to both leverage the opportunities and address the challenges to ascertain maximum public health impact. The potential of this partnership is limitless.

Dr Henk Bekedam
WHO Representative to India

Acronyms and abbreviations

AIDS	Acquired immunodeficiency syndrome	MAA	Mothers' Absolute Affection
AMR	Antimicrobial resistance	MDSR	Maternal death surveillance and response
ASHA	Accredited Social Health Activist	MoHFW	Ministry of Health & Family Welfare
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy	NCDs	Noncommunicable Diseases
BRICS	Brazil-Russia-India-China-South Africa	NHM	National Health Mission
CCS	Country Cooperation Strategy	NITI Aayog	The National Institution for Transforming India
CSO	Civil society organization	NRHM	National Rural Health Mission
DALY	Disability-adjusted life year	NTDs	Neglected tropical diseases
DBT	Direct-benefit transfer	PMJAY	Pradhan Mantri Jan Arogya Yojana
GDP	Gross domestic product	SDGs	Sustainable Development Goals
GoI	Government of India	TB	Tuberculosis
GPW	General Programme of Work	UHC	Universal health coverage
HIV	Human immunodeficiency virus	UN	United Nations
HMIS	Health Management Information System	UNFPA	United Nations Population Fund
HWC	Health and Wellness Centers	UNICEF	United Nations Children's Fund
IDSP	Integrated Disease Surveillance Programme	UNSDF	United Nations Sustainable Development Framework
IHIP	Integrated Health Information Platform	WCO	WHO Country Office
IHR	International Health Regulations	WHO	World Health Organization
		WASH	Water, sanitation and hygiene

Executive summary

This Country Cooperation Strategy (CCS) covers the period 2019–23 and therefore coincides with a time of rapid economic, social and epidemiological change in India, which is now the sixth largest economy in the world. Significant improvements in health have been achieved in the past two decades – including sharp reductions in child and maternal mortalities, the elimination of several infectious diseases (polio, maternal and neonatal tetanus, yaws), a dramatic decline in HIV/AIDS incidence, and a doubling of the percentage of births taking place in health facilities in 10 years. Building on this success, the Government of India has set a series of ambitious goals in its National Health Policy 2017, including achieving universal health coverage (UHC), with a focus on poor and vulnerable populations, and doubling public spending on health.

To reach these goals, the country has embarked on a series of initiatives, the cornerstone of which is Ayushman Bharat, a programme aimed at achieving UHC by establishing Health and Wellness Centres providing comprehensive, quality primary health-care services in the public sector; expanding a hospital insurance programme that will cover 40% of India's population; and developing effective referral systems to ensure a continuum of care between the different levels of care. Other major health initiatives have been launched to end open defecation throughout the country by constructing indoor latrines; prevent and control viral hepatitis, including free drug therapy for hepatitis B and C; dramatically reduce tuberculosis (TB); achieve 90% full immunization coverage nationwide; effectively control

the growing burden of noncommunicable diseases (NCDs); and develop a single, integrated, real-time health information platform. Digital health has been fully embraced by the government to manage large-scale health information effectively, and the Ministry of Health & Family Welfare is advancing numerous strategic initiatives at both the central and state levels.

The role of the World Health Organization (WHO) in this CCS will be to support the government in enacting these sweeping health reforms and improvements, as well as in reaching other key goals of the National Health Policy 2017 to ensure quality of life for every citizen, especially the vulnerable and the poor. This CCS not only builds upon the work that WHO has been carrying out in the last several years, but also expands its support in certain areas to meet new or growing health issues, such as air pollution, increasing suicide rates, and the challenge of making UHC a reality. With the move of the National Polio Surveillance Project from WHO to the government as part of the “polio transition”, as well as the Indian health sector's growing technical capacity and increased domestic financing for health, WHO will gradually shift its focus from providing intensive, on-the-ground support in planning, implementing and monitoring specific health programmes to a greater emphasis on providing high-level policy guidance and advocacy. WHO will continue to provide technical support in areas such as the development of strategic plans, guidelines and standard protocols; capacity-building; and data system strengthening.

To adequately support efforts to address complex challenges—such as the prevention of NCDs, the control of antimicrobial resistance (AMR), the reduction of air pollution, and the prevention and treatment of mental illnesses—WHO will further expand its collaboration with a broader set of government sectors and other stakeholders beyond health, under the overall guidance of the Ministry of Health & Family Welfare, as well as continue to work collaboratively with other United Nations (UN) agencies and international partners. The CCS is aligned with the United Nations Sustainable Development Framework (UNSDF) 2018–22 and the strategic priorities are linked with the outcomes of the UNSDF.

WHO's support to the Government of India will fall under the following four strategic priorities (see Box 1).

- **Strategic Priority 1: Accelerate progress on UHC**

This focuses on equitable access and all aspects of health service delivery, from the implementation of the Ayushman Bharat health sector reforms – aimed at expanding access to quality primary health care services and providing financial protection for those requiring hospital care – to strengthening health systems, including human resources for health and electronic information systems; improving the availability and quality of specific health programmes; eliminating neglected tropical diseases (NTDs); controlling vaccine-preventable and vector-borne diseases; and ensuring digital health interventions are appropriately used to deliver health care.

- **Strategic Priority 2: Promote health and wellness by addressing determinants of health**

This covers a wide range of issues that affect health and wellness – from NCD risk factors, such as unhealthy diets, tobacco use, harmful use of alcohol, and physical inactivity – to depression, suicide and other mental illnesses, air pollution, poor sanitation and waste management, and road traffic injuries. This work will focus on generating evidence for policy and conducting advocacy based on this evidence, and assisting union, state and local governments in implementing recently launched national action plans and strategies, such as the National Multisectoral Action Plan for Prevention and Control of Common Noncommunicable

Diseases (2017–22), the National Clean Air Programme, and the Mental Healthcare Act 2017. An effective monitoring strategy utilizing digital tools will be put in place to ensure longitudinal health records and continuity of care.

- **Strategic Priority 3: Better protect the population against health emergencies**

This encompasses public health surveillance and outbreak detection and response. This work includes strengthening capacities for implementation of the International Health Regulations (IHR) and roll-out of the Integrated Disease Surveillance Programme (IDSP) electronic reporting platform; prevention and preparedness for response and recovery from all types of emergencies; the containment of AMR through improved AMR surveillance and reporting, training in infection prevention and control at health-care facilities, and surveillance of antibiotic use; and a fully operationalized digital health and information platform to effectively manage data for decision-making.

- **Strategic Priority 4: Enhance India's global leadership in health**

This involves providing support to the country's efforts to improve global access to, and the regulation and safety monitoring of, medicines, medical devices and diagnostics made in India; share innovations in health practices and technologies invented in India with the rest of the world; and become a leader in digital health technology, including the development and nationwide roll-out of the Integrated Health Information Platform (IHIP) and electronic medical records. This work includes ensuring India's leadership presence in digital health through representation of the Ministry of Health & Family Welfare in major multisectoral global digital health activities.

Given the rapid pace of change in India's health sector and the polio transition, WHO and the Ministry of Health & Family Welfare will conduct an extensive mid-term review of the CCS in the second half of 2020, in order to make adjustments in its workplans and staffing for later years. A detailed monitoring framework for this CCS is presented in Annexure 1.

Box 1. The WHO India Country Cooperation Strategy 2019–2023: The four strategic priorities

1



Accelerate progress on UHC

- Implementing Ayushman Bharat: Health and Wellness Centres and hospital insurance scheme
- Health system strengthening, human resources for health, information system and quality of services
- Improving priority health services such as immunizations, maternal and child health, TB, hepatitis
- Digital health ecosystem
- Eliminating NTDs and control of vaccine-preventable and vector-borne diseases

2



Promote health and wellness by addressing determinants of health

- NCD action plan roll-out
- Environmental health
- Mental health promotion and suicide prevention
- Nutrition and food safety
- Road safety
- Tobacco control
- Integration of NCD and environmental risk factors in the digital health information platform

3



Better protect the population against health emergencies

- Disease surveillance and outbreak detection and response, including IHR
- Roll-out of IDSP using the real-time IHIP
- Preparedness for, and response to all, emergencies
- Containment of AMR

4



Enhance India's global leadership in health

- Improving access to medical products of assured quality made in India
- Development and information sharing of innovations in health practices and technologies
- Strengthening India's leadership in digital health technology

1

Introduction: Working towards common goals

Ensuring healthy lives and promoting well-being

This CCS provides a roadmap for WHO Country Office support to the Government of India in improving the health of its population over the next five years. Given the government's commitment to more than double its investment in health and the sweeping reforms to the health sector currently underway, the period of this CCS (2019–23) is expected to see rapid and significant changes to India's health sector and to the population's use of health care services. This will therefore be an exciting time for WHO to assist the government in enacting these changes to improve the health of India's population.

This document sets out the broad strategic priorities and directions for WHO support for the next five years. The four strategic priorities of this CCS are listed below.

1. Accelerate progress on UHC.
2. Promote health and wellness by addressing determinants of health.
3. Better protect the population against health emergencies.
4. Enhance India's global leadership in health.

These strategic priorities and the activities linked to each of them reflect the goals and priorities of India's National Health Policy 2017. They are also aligned with the three strategic priorities of WHO's 13th General Programme of Work (GPW13) to: (i) achieve UHC, (ii) address health emergencies, and (iii) promote healthier populations.

Given India's population of over 1.3 billion, the country will be an important contributor to achieving the GPW13 targets – of one billion people reached for each strategic priority – by 2023. The priorities and corresponding

activities outlined in this document are also aligned with the strategies and objectives of the UNSDF 2018–2022 for India.

This document reflects the plans and priorities laid out in the current WHO biennial workplan (2018–2019) and those agreed to by the Government of India and WHO for the next workplan (2020–2021). This CCS not only builds upon the work that WHO has been carrying out in the last several years, but also expands WHO's support in certain areas to meet new or growing health challenges, such as air pollution, increasing suicide rates, and the challenges of making UHC a reality.

Changes are occurring in India's health sector at a rapid pace and include the current transition towards the government taking over the bulk of the funding for the WHO National Polio Surveillance Project workforce. WHO and the Ministry of Health & Family Welfare will therefore conduct an extensive review in 2020 of WHO's programme and its capacity to meet the needs of the Government of India. This assessment, which will include a thorough review of the polio transition, will inform WHO's workplans and its staffing needs for the biennium 2022–2023 and beyond.

This CCS was developed jointly with the Ministry of Health & Family Welfare. Various consultations within WHO, with the Ministry of Health & Family Welfare, UN and partner agencies, and line ministries of the Government of India were held in 2017 to review the progress of the last CCS and to identify priorities for this new CCS. Later in 2018, meetings with senior officials of the Ministry of Health & Family Welfare were held to discuss the strategic priorities and focus areas.

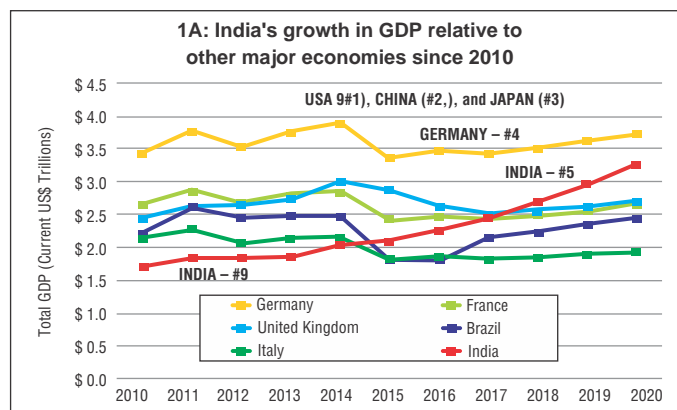
2

A country and health sector in transition

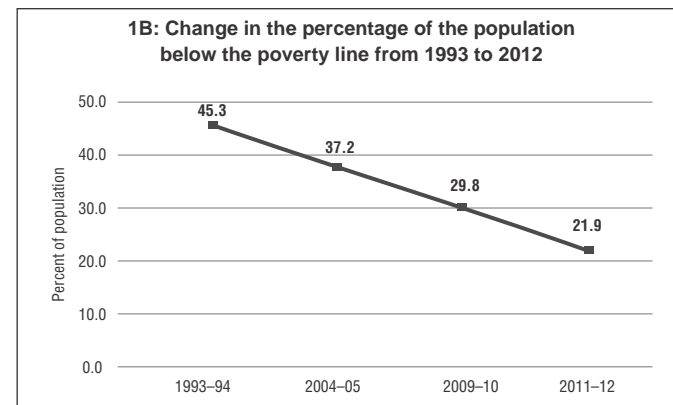
Health takes centerstage in India

India has had an impressive record of economic growth in the past two decades. Since only 2014, its annual rate of growth has averaged 7.5%, resulting in an economy that is nearly one-third larger than it was four years ago, and that is now the sixth largest in the world in terms of gross domestic product (GDP) (see Fig. 1A).^{1,2} Poverty rates were cut by more than half in less than 20 years – from 45% in 1994 to 22% in 2012 – lifting 133 million people out of poverty (see Fig. 1B).³ At the same time, India's middle class has grown rapidly and now makes up an estimated 267 million people – 20% of the population.³

Fig. 1. Trends in India's economic growth and poverty rates



Sources: A: Forbes.com, 2017;² B: and India in Figures 2018⁴.



India has also made considerable gains in health in the past two decades (see Box 2) – most notably eradicating polio in 2014, as well as eliminating maternal and neonatal tetanus and yaws. In addition, the country has significantly reduced infant, child and maternal mortality rates through programmes such as the National Rural Health Mission (NRHM) created in 2005 to improve maternal and child health services, through which a workforce of 900 000 community health workers called Accredited Social Health Activists (ASHAs) was created and 178 000 health workers added to the public health sector.⁵ The NRHM (subsequently joined by the National Urban Health Mission

¹Voluntary National Review Report on the Implementation of the SDGs, India 2017. New Delhi: NITI Aayog; 2017 (http://niti.gov.in/writereaddata/files/Final_VNR_report.pdf, accessed 3 March 2019).

²Babones S. India is poised to become the world's fifth largest economy, but it can't stop there. Forbes.com; 2017 (<https://www.forbes.com/sites/salvatorebabones/2017/12/27/india-is-poised-to-become-the-worlds-fifth-largest-economy-but-it-cant-stop-there/#707b152e3ff1>, accessed 3 March 2019).

³Government of India and the United Nations. Sustainable Development Framework 2018–2022. New Delhi: United Nations Resident Coordinator's Office; 2018 (https://issuu.com/unitednationsindia/docs/exec-summary_unsdf, accessed 3 March 2019).

⁴India in Figures 2018. New Delhi: Government of India, Ministry of Statistics and Programme Implementation, Central Statistics Office (Social Statistics Division); 2018 (http://mospi.nic.in/sites/default/files/publication_reports/India_in_figures-2018_rev.pdf, accessed 3 March 2019).

⁵Situation Analyses: Backdrop to the National Health Policy 2017. New Delhi: Ministry of Health & Family Welfare; 2017 (<http://164.100.158.44/showfile.php?lid=4276>, accessed 3 March 2019).

to form the National Health Mission in 2013), along with the Safe Motherhood Scheme, Janani Suraksha Yojana, also provided financial incentives to pregnant women to give birth in health facilities, resulting in a doubling in the proportion of institutional births from 39% in 2005–2006 to 79% by 2015–2016).⁶ The incidence, prevalence and death rates from HIV / AIDS have also declined sharply in recent years, owing to a strong National AIDS Control Program and free, publicly funded antiretroviral therapy.

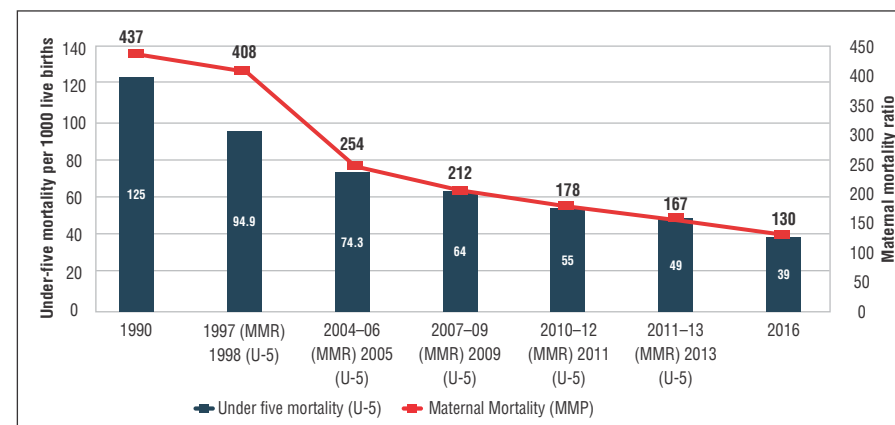
Box 2. Some major health achievements in India in recent years

- Eradication of polio in 2014; elimination of maternal and neonatal tetanus in 2015 and yaws in 2016.
- Increase in life expectancy at birth of more than six years since 2000 – from 62.5 years to 68.8 years in 2016.⁷
- A 57% reduction in the national infant mortality rate– from 80 per 1000 live births in 1990 to 34 per 1000 live births in 2016; a greater than two-thirds reduction in the mortality rate in children under five years – from 125 to 39 per 1000 live births from 1990 to 2016; and a 70% decline in the number of maternal deaths per 100 000 live births (maternal mortality ratio) – from 437 in 1990 to 130 in 2015 (see Fig. 2).^{8,9}
- A two-thirds reduction in new HIV infections from 2000 to 2015 and a 55% decline in AIDS-related deaths from 2007 to 2015.¹⁰
- An increase in the percentage of institutional births from 39% in 2005–2006 to 79% in 2015–2016.
- As reported by the National Vector Borne Disease Control Programme, significant reductions in the incidence of NTDs and shrinking of endemic areas, including an 80% decline in kala-azar cases from 2011 to

2017, down to <6000 cases nationwide; elimination of leprosy in 29 of 36 states and union territories; and elimination of lymphatic filariasis in 88% of the nation's districts.

- The prevalence of tobacco use has reduced by six percentage points from 34.6% to 28.6% between 2009–2010 and 2016–2017, which is a 17% relative reduction in tobacco use. The number of tobacco users reduced by about 8.1 million during the same time period.¹¹
- Establishment of the country's pharmaceutical and biotech industry, turning India into a major source of WHO prequalified generic medicines and lower-cost vaccines for the world.

Fig. 2. Trends in under-five mortality rate and maternal mortality ratio in India 1990–2016



Source: Sample Registration System, Office of Registrar General of India⁸

⁶ National Family Health Survey report (NFHS-4), 2015–16. Mumbai: International Institute for Population Sciences; 2017 (<http://rchiips.org/nfhs/NFHS-4Reports/India.pdf>, accessed 3 March 2019).

⁷ World health rankings. Health profile: India (<https://www.worldlifeexpectancy.com/country-health-profile/india>, accessed 3 March 2019).

⁸ Sample Registration System, Office of Registrar General (http://www.censusindia.gov.in/2011-Common/Sample_Registration_System.html, accessed 3 March 2019).

⁹ World Health Statistics 2018. Monitoring Health for the Sustainable Development Goals. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/bitstream/handle/10665/272596/9789241565585-eng.pdf?ua=1>, accessed 3 March 2019).

¹⁰ India HIV Country Profile: 2017 (<http://cfs.hivci.org/country-factsheet.html>, accessed March 1 2019).

¹¹ Tata Institute of Social Sciences (TISS), Mumbai and Ministry of Health & Family Welfare, Government of India. Global Adult Tobacco Survey GATS 2 India 2016–17. New Delhi: Ministry of Health & Family Welfare; 2018 (<https://mohfw.gov.in/sites/default/files/GlobaltobaccoJune2018.pdf>, accessed 1 March 2019).

Despite these gains, public spending on health has remained flat at around 1% of GDP since the mid-1980s. As a result, health spending has kept pace neither with the country's economic growth nor with that of most other countries in the WHO South-East Asia Region, resulting in many people being left behind (see Table 1). Owing to the low rate of public investment in health, an estimated 70% of the population in rural areas and 80% in urban areas seek health care in the private sector, resulting in varying quality of care, rising rates of out-of-pocket health expenditures paid by families, and lack of access for those who cannot afford to pay.⁵ Of total health expenditures made in 2014-15, 63% were paid out-of-pocket and only 29% were financed by the government.¹² Consequently, at any point in time, an estimated 63 million persons are impoverished because of catastrophic health expenditure.⁵

The lag in public health spending has also meant insufficient progress in many aspects of the population's health, including the still relatively high rates of childhood malnutrition, maternal mortality, TB (with India accounting for one-quarter of all cases worldwide), and malaria. In addition, an estimated 350 000 children under five years are still dying from diarrhoea and pneumonia each year;¹³ and almost three-quarters of a million infants do not survive their first year of life.⁸ This is compounded by great inequities in access to care and in health outcomes by geographical area and socioeconomic group; for instance, infant mortality rates by state ranged from 8 to 47 per 1000 live births in 2016.⁸

Table 1. Key economic and health-related statistics for India

Indicator	Value
Demographic data	
Population size (2017) ¹⁴	1.34 billion
Life expectancy at birth (2016) ⁷	68.8 years
GDP per capita (current US\$) (2017)	US\$1942
Maternal and child health data	
Infant mortality rate per 1000 live births (2016) ⁸	34
Under-five mortality rate per 1000 live births (2016) ⁸	39
Maternal mortality ratio per 100 000 live births (2014–2016) ⁸	130
Percentage of births attended by skilled health personnel (2015–2016) ⁶	81%
Diphtheria, pertussis, tetanus (DPT) 3 immunization coverage in infants <12 months (2017) ¹⁵	88%
Percentage of children under five years who are underweight (2015–2016) ¹	36%

¹²National Health Accounts Estimates for India 2014–15. New Delhi: Ministry of Health & Family Welfare; 2017 (<https://mohfw.gov.in/sites/default/files/National%20Health%20Accounts%20Estimates%20Report%202014-15.pdf>, accessed 3 March 2019).
¹³India's most vulnerable children to get access to new vaccine against pneumonia (<https://www.gavi.org/library/news/press-releases/2017/india-s-most-vulnerable-children-to-get-access-to-new-vaccine-against-pneumonia/>, accessed 3 March 2019); Lakshminarayanan S, Jayalakshmy R. Diarrheal diseases in children in India: Current scenario and future perspectives. J Nat Sci Biol Med. 2015;6(1):24-28 doi: 10.4103/0976-9668.149073.

Indicator	Value
Other health data	
TB incidence rate per 100 000 (2016) ⁹	211
HIV adult prevalence (2017) ¹⁶	0.22%
Prevalence of tobacco use among persons 15 years and older (2016–2017) ¹¹	28.60%
Health financing	
Percentage of total health expenditures paid out-of-pocket (2014–2015) ¹²	62.60%
Percentage of total health expenditures paid by public sector (2014–2015) ¹²	29%
Amount of public spending on health per capita (2014–2015) ¹²	₹1108 (~US\$17.87)
Public expenditure on health as percentage of GDP (2014–2015) ¹²	1.1%

A new government commitment to invest in health

In the past few years, the Government of India has placed health high on its political agenda and made a commitment to make significant increases in public spending in health. The National Health Policy 2017 calls for more than doubling in government health spending as a percentage of GDP by 2025, from 1.15% to 2.5%, and lays out an ambitious set of goals and targets to improve the population's health status and its access to quality health services in the public sector (see Table 2). A key goal is to attain “universal access to good quality health care services without anyone having to face financial hardship”.¹⁷

These goals recognize the epidemiological and demographic shifts occurring in India, with the growing burden of NCDs, such as heart disease, stroke, diabetes, and mental illness, as well as an ageing population, while poor birth outcomes, communicable and vector-borne diseases and childhood

malnutrition remain major causes of morbidity and mortality. To address NCDs and their risk factors, as well as complex problems such as AMR and the health impacts of poor sanitation and air pollution, the government articulates in the health policy a shift in focus from mainly treating disease to placing more emphasis on preventive health and promoting wellness.

To reach the goals and targets of the National Health Policy 2017, the government has launched a series of new initiatives and programmes, largely funded via domestic resources (see Box 3). The cornerstone is the health reforms under the Ayushman Bharat (“Long Live India”) initiative, an effort to bring India closer to achieving UHC. This is being done via two routes. The first is establishing Health and Wellness Centres at the primary health-care level to focus on preventive, promotive and curative aspects of health-care in a holistic manner. This will greatly increase the population's access to free, public sector primary health-care services and reduce reliance on private

¹⁴World Bank Population Estimates and Projections, 2017 (<https://data.worldbank.org/data-catalog/population-projection-tables>, accessed 3 March 2019).

¹⁵India: WHO and UNICEF estimates of immunization coverage: 2017 revision (https://www.who.int/immunization/monitoring_surveillance/data/ind.pdf).

¹⁶National AIDS Control Organization & ICMR-National Institute of Medical Statistics. HIV Estimations 2017: Technical Report. New Delhi: New Delhi: NACO, Ministry of Health & Family Welfare; 2018).

health care. The second is providing insurance to cover secondary and tertiary procedures for 100 million poor and vulnerable families (around 500 million people) through the Pradhan Mantri Jan Arogya Yojana (PMJAY) financial protection scheme.

The Health and Wellness Centres highlight another key policy shift in organizing the country’s health services – from primary care that focuses on selective interventions to a more comprehensive package of services. This package includes maternal and child health services, screening and

management of communicable diseases and NCDs, mental health, geriatric and rehabilitative care, together with Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) health care. These centres, to be created by upgrading health subcentres and primary health-care centres and increasing their professional staff, will link with higher levels of care supported through a digital infrastructure and well-designed referral systems. To meet its goals, the Government of India plans to allocate up to two-thirds or more of its health resources to primary health care, compared with 51.3% in 2014–15.^{12,17}

Table 2. Selected targets of the India National Health Policy 2017

Health system financing, health utilization and health management information	Women and children's health	Communicable and noncommunicable disease burden
<ul style="list-style-type: none"> ■ Increase government health expenditure as a percentage of GDP from 1.15% to 2.5% by 2025 ■ Increase health spending by states to more than 8% of their budgets by 2020 ■ Decrease the proportion of households facing catastrophic health expenditure from current levels by 25% by 2025 ■ Increase utilization of public health facilities from current levels by 50% by 2025 ■ Ensure a district-level electronic database of information on health system components by 2020, and establish a federated integrated health information architecture by 2025 	<ul style="list-style-type: none"> ■ Reduce infant mortality to 28 per 1000 live births by 2019 and under-five mortality to 23 per 1000 live births by 2025 ■ Reduce maternal mortality ratio to 100 per 100 000 live births by 2020 ■ Reduce neonatal mortality rate to 16 per 1000 live births and stillbirths to “single digit” by 2025 ■ Ensure more than 90% of infants are fully immunized by one year of age by 2025 ■ Reduce by 40% the prevalence of stunting in children under five years by 2025 	<ul style="list-style-type: none"> ■ Achieve and maintain a cure rate of more than 85% in new sputum-positive patients for TB and achieve elimination status by 2025 ■ Reduce premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 25% by 2025 ■ Achieve 90–90–90 target for HIV/ AIDS by 2020 ■ 80% of known hypertensive and diabetic individuals at household level maintain “controlled disease status” by 2025 ■ Ensure a relative reduction in prevalence of current tobacco use by 15% by 2020 and 30% by 2025

¹⁷ National Health Policy 2017. New Delhi: Ministry of Health & Family Welfare; 2017 (<http://164.100.158.44/showfile.php?lid=4275>, accessed 3 March 2019).

Box 3. The Government of India's major new health initiatives and programmes

- **Ayushman Bharat:** A national initiative with two main components. First, the establishment of 150 000 public sector Health and Wellness Centres that will provide a package of free, comprehensive primary health-care services; focus on health promotion and disease prevention, detection and management; and link with hospitals and specialists to ensure continuity of care. Second, the PMJAY financial protection scheme will enable 500 million poor, near-poor and vulnerable people (nearly 40% of India's population) to receive free hospital care costing up to about US\$7000 per year in public hospitals, as well as in private hospitals contracted by the government, in an effort to reduce out-of-pocket payments and catastrophic health expenditures.
- **Swachh Bharat (Clean India) Mission:** This highly successful flagship initiative of the Prime Minister began in 2014 with the goal of ending open defecation throughout India by 2019, through the construction of household toilets together with community advocacy and education. As of 20 November 2018, nearly 89 million household toilets have been built. In addition, 528 000 villages, 532 of the country's 712 districts, and 25 states have been declared open-defecation free, and 96% of households have sanitation facilities, up from 39% in 2014.²⁰
- **National Viral Hepatitis Control Program:** A major new initiative aimed at preventing, diagnosing and successfully treating all types of hepatitis through the public sector. This program aims to diagnose and provide free treatment to the estimated 6–12 million persons infected with hepatitis C, using locally produced, generic, direct-acting antivirals. In addition, the program aims for effective management of the country's estimated 40

million cases of hepatitis B, using antiviral drugs. This will be the world's largest free hepatitis B treatment programme.

- **Revised National TB Control Programme:** Launched in 2017 to increase the diagnosis, reporting, and appropriate treatment of TB cases, including the estimated one million new "missing cases" each year that go unreported. The aim is better control of the disease and reducing the estimated 410 000 annual deaths from TB. The programme – boosted by a four-fold increase in government funding – provides financial incentives to patients, private providers, and health workers supporting patients under treatment. The strategy uses an IT-based direct-benefit transfer (DBT) scheme tied to the country's electronic TB patient monitoring system in order to get patients tested and started on effective treatment and to ensure treatment compliance.
- **Mission Indradhanush:** An initiative of the Prime Minister to accelerate immunization coverage in more than 200 low-performing districts through intensive immunization drives (outreach rounds). The aim is to achieve 90% immunization coverage with all vaccines in the national immunization programme nationwide by the end of 2018, and to reduce inequities in coverage. Since it began in 2015, more than 33 million children and 8.7 million pregnant women have been vaccinated through these drives.
- **Integrated Health Information Platform (IHIP):** A single platform designed to provide real-time data on disease surveillance, including outbreak detection and response; patient treatment and management for multiple health programmes; and other critical health management information. The aim is to improve public health surveillance and response, the quality and coverage of care, and overall health system performance (see Box 4 for more information).

- **Efforts to control NCDs:** These include development of the National Multisectoral Action Plan for Prevention and Control of Common Noncommunicable Diseases (2017–2022), for which India won an award from the UN Interagency Task Force in 2018, and the launch of population-based screening under the National Programme on Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke, to contribute to the National Health Policy 2017 target of reducing premature mortality from NCDs by 25% by 2025. Work continues on tobacco control and the most recent Global Adult Tobacco Survey showed major progress in reduction in tobacco consumption in young people.
- **Mental Healthcare Act 2017:** This legislation aims to increase significantly the population's access to mental health services and reduce or end the stigma and discrimination against people living with mental health conditions. The Act also decriminalizes attempted suicide and instead notes the need for government assistance to those who have made a suicide attempt.
- **National AYUSH Mission:** This initiative was launched in 2015 to promote Ayurveda, Yoga, Unani, Siddha and Homeopathy for health and well-being through cost-effective AYUSH services co-located at primary health centres, community centres and district hospitals. Other responsibilities include strengthening of AYUSH educational institutions; quality assurance of Ayurveda, Unani, Siddha and Homeopathy drugs; and sustaining the availability of raw materials.
- **Midwifery services:** In December 2018, India announced its landmark policy decision to create a midwifery cadre and introduce midwife-led units in public health facilities. Roll-out of the guideline on midwifery services will result in significant improvements in the quality of care provided to childbearing women and their babies. It will also facilitate respectful care being provided to women during childbirth.
- **POSHAN Abhiyaan:** India's flagship programme aims to improve the nutritional status of children, adolescents, pregnant women and lactating

mothers by leveraging technology, using a targeted approach, and convergence. Launched by the Prime Minister in March 2018, the vision of this multi-ministerial convergence mission is to ensure attainment of a malnutrition-free India by 2022.

- **Mothers' Absolute Affection (MAA):** This nationwide programme for promoting breastfeeding was launched in 2016. MAA is an intensified programme of the Ministry of Health & Family Welfare aimed at enhancing optimal breastfeeding practices. Strategies include early initiation of breastfeeding within one hour of birth, exclusive breastfeeding for the first six months, and continued breastfeeding for at least two years, in addition to feeding with safe and appropriate nutritious food on completion of six months breastfeeding.
- **Anemia Mukht Bharat:** This programme was launched by the Ministry of Health & Family Welfare in 2018 to reduce levels of anaemia among various age groups by 2022 by strengthening delivery of key interventions including prophylactic iron/folic acid supplementation, deworming and behaviour change communication.

Major changes and transitions in India's health sector

- Strong political momentum to improve the health of India's population.
- An explicit government commitment to double public spending on health to 2.5% of GDP by 2025.
- An increased commitment to move towards universal health coverage by increasing access to free health-care services and by focusing on reaching poor and vulnerable populations.
- A shift in focus from selective primary health-care services to a comprehensive package of services accessible at the community level, with more emphasis on health promotion and wellness to address the growing burden of noncommunicable diseases.

3

The work of WHO in India

How WHO is effective in India: a range of comparative advantages

India is a country with an enormous and growing talent pool; increasing institutional and technical capacity, including in information technology and biotechnology; and sufficient financial resources to be able to reach the ambitious goals of the National Health Policy 2017 with its own funding. WHO has played an important role in India in strengthening the health sector by influencing and shaping health policies; strengthening capacity of the health sector to plan, implement and monitor health policies and programmes; and providing continual, hands-on support for specific programmes and during health emergencies.

The added value of WHO in India includes its role as a reliable and credible source of high-quality data and information. This enhances its ability to influence and advocate for policy change and programme improvements – both with the government and with other development partners.

As the lead UN technical agency for health, WHO is able to work across a range of government ministries and agencies and is often asked to serve as a convener of government entities, development partners and other stakeholders to, for instance, discuss key issues and policies and reach consensus on national action plans and strategies. WHO also has the ability to engage more easily with the private sector on critical issues and act as a bridge between the public and private sectors.

In addition, WHO lends its considerable expertise in a range of technical areas – including in health information system development; disease surveillance; health system strengthening; the diagnosis, treatment and management

of specific diseases; and setting norms and standards. WHO is also able to draw upon experts from its headquarters and regional office, as well as from the worldwide network of WHO Collaborating Centres, academia and independent consultants. In addition to its central-level staff in New Delhi, WHO provides on-the-ground support to states through its field-based workforce of 240 surveillance medical officers from the National Polio Surveillance Project, more than 60 medical officers in the TB Technical Support Network, and more than 25 consultants from the India Hypertension Management Initiative. WHO is able to quickly deploy staff and consultants in response to the changing needs of the Ministry of Health & Family Welfare. For example, with additional funds from the government, the field-based TB consultant network is being more than doubled from around 70 to 140 to better support the ministry's accelerated programme to control TB.

The contribution of WHO to recent advances in health in India

Through its strong collaboration with the Ministry of Health & Family Welfare, and increasingly with a wider range of ministries and agencies outside of health, WHO has played a key, often pivotal, role in the advances India has made in the health sector in recent years. The most notable examples have been in the eradication of polio; in the elimination of yaws and maternal and neonatal tetanus; and in moving towards the elimination of other major NTDs. WHO has also played a key role in the development and adoption of many of the country's new initiatives to improve the health of its population mentioned in the previous chapter. Below are examples of WHO's contribution under the three main types of support provided in India.

1. Informing and helping to shape policy through evidence generation, information sharing and advocacy

New estimates of India's TB burden published by WHO in 2016 indicated that incidence was 55% higher than official government figures. These data, together with advocacy by the WHO Country Office, led the government to overhaul the TB control programme to more effectively find and treat cases, and to quadruple its funding. WHO also supported the pilot testing of the financial incentive scheme for patients and private sector providers that will be the backbone of the TB programme.

Similarly, advocacy by WHO backed by consensus statements, technical workshops, costing studies and technical support to state programmes, was a key catalyst in the development of the National Viral Hepatitis Control Program and the Ministry of Health & Family Welfare's decision to provide free treatment for hepatitis B and C as a critical element of the plan. WHO-generated data and advocacy have been catalysts for government action in several other areas as well. The Swachh Bharat Mission was stimulated in large part by the joint WHO–United Nations Children's Fund (UNICEF) report estimating that more than 60% of India's population practised open defecation in 2014. In the area of mental health, a year-long series of advocacy activities was undertaken to raise awareness among policy-makers and health professionals about the burden of depression in India and to call for greatly expanding mental health services. This advocacy culminated in the 2017 World Health Day events with the theme of “Depression: Let's Talk” and was a catalyst for the government's approval of the Mental Healthcare Act on World Health Day. Similarly, WHO facilitated a series of consultations with a range of government ministries and other national and subnational stakeholders to successfully advocate for their endorsement of the award-winning National Multisectoral Action Plan for Prevention and Control of Common Noncommunicable Diseases (2017–2022).

WHO has supported pioneering health research to inform policy and programmes both in India and globally. Primary research from India guided the global switch from the trivalent to the bivalent oral polio vaccine. Several other research projects have recently been completed to inform the polio eradication strategy, including a trial of a fractional dose of inactivated polio

vaccine. WHO is also supporting studies of typhoid conjugate vaccine and of new devices and diagnostics for measles surveillance.

WHO has also supported implementation research, health impact assessments and burden of disease studies to generate evidence to influence policy and strategy development. Evidence generated from various studies conducted by the India TB Research Consortium and supported by WHO helped the WHO End TB Strategy. Similarly, recommendations from a study on AMR and its containment in India supported development of the national and state action plans to tackle AMR. Economic analysis briefs produced by WHO guided taxation policy on tobacco control. Two studies, one on the burden of hepatitis C virus infection in India and another, in Punjab state, on the cost-effectiveness of hepatitis C treatment, supported drafting of the National Viral Hepatitis Control Program. Most recently, WHO's support in generating evidence on midwifery led to policy change through the launch of midwifery services.

WHO's influence has also reached beyond the government, including to other development partners. Advocacy on the importance of food safety, backed by research showing that around half of child malnutrition is due to diarrheal diseases and other infections, led major nutrition partners to increase their emphasis on food safety in their programmes.

2. Technical support, capacity-building and data system strengthening

WHO has provided technical support for the development of many of the new policies, strategic plans, action plans, guidelines and standard protocols that have been adopted to meet the government's new health goals. This support included playing a major technical role in developing India's National Action Plan on Antimicrobial Resistance; helping design the National Viral Hepatitis Control Program and developing three guidelines for operationalization; providing technical assistance for the development of the National Multisectoral Action Plan for Prevention and Control of Common Noncommunicable Diseases (2017–2022) and a training manual for state-level NCD programme managers; and helping develop the revised National Strategic Plan (2017–2025) for TB and updated technical and operational

guidelines. WHO also supported the UN Resident Coordinator in convening the UN agencies and government ministers that developed India's National Clean Air Programme in 2018 to address the country's growing air pollution problem and supported the consultative process to finalize the National Action Plan on Climate Change and Human Health.

WHO's technical support and guidance has also included assistance in designing, providing training for, evaluating, and documenting pilot projects that have led to new policies and programmes. These include a pilot project conducted with the United States of America President's Emergency Plan for AIDS Relief in high-burden districts in two states to improve the HIV "continuum of care cascade". The aim was to increase the number of persons with HIV who are diagnosed and on treatment. This pilot led the government to adopt innovative strategies to reach the 90-90-90 targets nationwide. Another example is the hepatitis C treatment pilot project in Punjab state mentioned earlier, which, in addition to testing the free provision of care, also piloted the use of safety-engineered re-use prevention syringes for therapeutic injections, leading to the adoption of their use for all therapeutic injections in Punjab and elsewhere.

Strengthening capacity of Indian health professionals and institutions – in collecting and analysing data for policy, designing evidence-based programmes and strategies, developing training programmes for health workers, and in monitoring and evaluation – has been a fundamental component of all WHO programmes. WHO has supported capacity-building in quality improvement for surveillance of birth defects and stillbirths; for implementation research for the National Adolescent Health Programme, Rashtriya Kishor Swasthya Karyakram; and for maternal death surveillance and response (MDSR). In addition, WHO supported the design and implementation of interventions for the "thrive" and "transform" objectives of the Global Strategy for Women's Children's and Adolescents' Health (2016–2030). Specific capacity-building efforts making past and future critical differences to the success of the country's health initiatives include extensive support in the establishment and quality improvement of diagnostic laboratories nationwide testing a variety of communicable diseases and, most, recently AMR. Efforts also include the development of epidemic intelligence

officers to increase India's capacity for rapid detection, investigation, and response to disease outbreaks.

Another example of capacity strengthening is WHO's work with the Ministry of AYUSH to strengthen national capacity in regulating traditional medicines to ensure the safety and quality of herbal medicines and traditional medical practices. As a result of this support, and the sharing of information on the safety of herbal medicines through global networking and the use of relevant tools, regulations on AYUSH have been strengthened and the Ministry of AYUSH has established a pharmacovigilance programme for medicines covering all of these traditional medicine systems.

WHO has also played an important role in improving health data systems in India, most notably in the development of the IHIP, which is envisioned to serve as the country's single health information platform. WHO's assistance began with the revamping of the IDSP data system, which will allow for real-time, patient- and location-specific reporting of 33 syndromes or infectious diseases via mobile phones or other electronic devices. WHO helped reprioritize the list of diseases and conditions included in the IDSP; supported the finalization of surveillance standards (minimum datasets); and provided databases, geocoordinates, and extensive technical support to the system's developers.

3. On-the-ground support for specific, high-priority programmes and emergency response

Since polio was officially eradicated in India in 2014, the role of the National Polio Surveillance Project workforce of surveillance medical officers has broadened to include supporting the federal and state governments in controlling other vaccine-preventable diseases and priority public health problems. The National Polio Surveillance Project has played a key role in the country's recent achievements in immunization. These include increases in vaccination coverage achieved through the Mission Indradhanush outreach rounds; mass phased measles-rubella catch-up campaigns nationwide; and new vaccine introductions, including inactivated polio, rotavirus, and pneumococcal conjugate vaccines. For these activities, WHO provides support with planning, including microplanning for campaigns; training of health

workers; assessments of district and state preparedness; and performance and coverage monitoring.

Hands-on WHO support in the field has also contributed substantially to the country's progress in eliminating NTDs through state and zonal NTD coordinators posted in eight high-burden states. This support includes technical assistance for planning and independent monitoring of mass drug administration and indoor residual spraying campaigns for lymphatic filariasis; active case search and treatment for leprosy and kala-azar; training of field-level monitors; supervision of transmission assessment surveys to determine whether areas have eliminated the disease; and advocacy to local government authorities.

WHO's network of TB consultants posted in the field, along with a team of central-level staff working at the Ministry of Health & Family Welfare, has provided intensive support to the National TB Control Programme. This has included technical assistance for the pilot testing of innovative models of public and private sector collaboration for identifying, testing, and treating TB patients and for the DBT financial incentive scheme, leading to national adoption of the scheme. The TB team has also assisted with developing and monitoring training programmes for district TB officers, public health providers, and laboratory technicians; developing operational plans; and building the DBT system and the NIKSHAY system for TB patient monitoring into real-time surveillance and reporting systems.

In addition, WHO has recruited and posted a team of 25 medical officers in 25 districts in five states to support the India Hypertension Management Initiative, a project that is testing service delivery strategies to strengthen the diagnosis and management of hypertension at the primary health-care level. The field staff are providing hands-on support for the development of diagnosis and treatment protocols, training of health workers, and monitoring and evaluation.

WHO's field teams have, on occasion, provided support to state governments during disease outbreaks or following natural disasters, especially with respect to disease surveillance. Such support was provided to Kerala, which was devastated by floods in 2018.

A transition in the role of WHO in India

The period of this CCS will be a time of significant change both in India's health sector – given the anticipated reforms and improvements – and in WHO's role in supporting the government to implement these changes. A major factor will be the transfer of most of the financing of the National Polio Surveillance Project from the Global Polio Eradication Initiative and WHO to the Government of India.

While WHO will continue to manage and supervise the National Polio Surveillance Project surveillance medical officers until the end of 2021, the government will take over most of the financing for this workforce in 2020. The project will be rebranded as a national public health surveillance project. It will continue to broaden its scope beyond polio by assisting with intensification of routine immunization activities and with the control or elimination of high-priority vaccine-preventable diseases, such as measles and rubella. In addition, as India's economy continues to grow, the union and state governments will be expected to assume the financing of other health programmes currently receiving external funding, which in turn will also impact WHO's human and financial resources. Furthermore, as the Indian health sector's technical capacity and human resources continue to grow, the need for direct WHO support to implement programmes will also diminish.

Transitions in the nature of WHO support

- Continued transition of the National Polio Surveillance Project portfolio from polio to public health
- Gradually shift from intensive, on-the-ground programme support to a greater emphasis on policy guidance and advocacy
- Increased focus on the sociobehavioural and environmental determinants of health to address chronic diseases
- Further expanding collaboration with a broader set of government sectors and other stakeholders beyond health

In response to these transitions, WHO will gradually shift its focus from providing on-the-ground support in planning, implementing and monitoring

programmes to a greater emphasis on providing high-level policy guidance and advocacy. However, field support for programmes such as immunization, disease surveillance, and the control of NTDs will continue at current levels at least through 2021, while intensive on-the-ground support for the National TB Control Programme and the India Hypertension Management Initiative are likely to continue beyond that. This gradual shift in the nature of WHO support will enable the organization to better assist the government in facing the health challenges being addressed in the National Health Policy 2017 – such as reducing risk factors for NCDs, reducing inequities in health service delivery, and combating AMR. These are issues that require policy decisions that are increasingly political in nature, for example, imposing taxes on tobacco and other unhealthy products, or restricting the agricultural use of antibiotics.

The increased focus on policy and advocacy support – by requiring fewer resources for hands-on programme support – will also allow WHO to address a broader set of issues as they arise, such as the health impacts of air pollution and climate change. At the same time, the focus on addressing the determinants of health will also require WHO to work with a broader range of sectors and partners – many outside of the health sector.

As mentioned previously, in 2020 WHO will undertake a comprehensive review of its programmes and their effectiveness to ensure that they continue to meet the needs of the government and other national stakeholders before developing its workplans with the Ministry of Health & Family Welfare and determining its staffing needs for the 2022–2023 biennium and beyond.

Working with other partners

Collaboration of WHO with the government and other local partners

The Ministry of Health & Family Welfare is WHO's primary partner in India. WHO also has a long history of working with state governments to pilot test, plan and implement new programmes and strategies, as well as with civil society organizations (CSOs) and national nongovernmental organizations. Increasingly, the number of government ministries and agencies with which WHO collaborates has expanded in order to address health challenges – such as AMR and the risk factors of NCDs – that require the involvement of sectors beyond health (see Table 3). In the area of environmental health, for instance,

WHO has entered into close partnerships with the Ministry of Drinking Water and Sanitation on Swachh Bharat activities, and with the Ministry of Environment, Forest and Climate Change on multiple activities, including the National Clean Air Programme. The following provides examples of partnerships that WHO has forged beyond the health sector for specific technical areas and programmes.

- WHO has been supporting government's policy think-tank, the National Institution for Transforming India (NITI) Aayog since it was established in 2015 to provide strategic and policy guidance and to serve as a platform to bring states together to promote matters of national interest. WHO's support has focused on the agency's visionary long-term planning in the health sector, including advancing the Sustainable Development Goal (SDG) agenda, designing the Ayushman Bharat programme, developing a five-year agenda for the Strategy for New India @75, as well as ongoing work in developing a longer-term Strategic Vision 2030.
- As part of its support for India's tobacco control activities, WHO is working with the Ministry of Labour & Employment to build a network of CSOs to support alternative livelihoods for *bidi* (hand-rolled cigarette) rollers. Work also involves providing policy options, including working with Ministry of Finance on tobacco tax policy.
- Working with the National Centre for Disease Control and the Ministry of Health & Family Welfare, WHO coordinated the development of National Action Plan on Antimicrobial Resistance, which involved the establishment of multisectoral governance mechanisms – an intersectoral coordination committee, technical advisory group, and core working group – consisting of policy-makers and experts from various sectors. WHO also provided technical support for the launch of the action plan and the endorsement of Delhi Declaration on Antimicrobial Resistance by four government ministers in April 2017. In addition, WHO coordinated development of state action plans on AMR in Kerala and Madhya Pradesh in partnership with the state governments and with the participation from all relevant sectors, including animal health, in accordance with the One Health approach.

- WHO is collaborating with the Ministry of Drinking Water and Sanitation on the TrackFin initiative, a comprehensive financial data tracking system to better understand how financial resources for water, sanitation and hygiene (WASH) improvements are allocated and spent, in order to align WASH policies to better meet the needs of the people. A pilot study was undertaken in Rajasthan and West Bengal to obtain a holistic understanding of the financial flows in the WASH sector.
- WHO has collaborated with the Indian Council of Medical Research (ICMR) under the Department of Health Research on several research

activities in various programme areas, including TB, HIV and NCD risk factors. WHO is also a member of a number of task forces and consortiums established by the ICMR, such as the India TB Research Consortium.

- WHO supported engagement of CSOs in prevention and control of NCDs through partnership with Healthy India Alliance, a consortium of CSOs working in NCDs. The framework for engagement of CSOs in NCDs has been finalized.

Table 3. Examples of WHO's partnerships in different technical areas under the overall guidance of Ministry of Health & Family Welfare

Area	Partners
UHC	<ul style="list-style-type: none"> ■ NITI Aayog ■ National Health Authority ■ Selected states
Environmental health, air pollution and climate change	<ul style="list-style-type: none"> ■ Ministry of Environment, Forest and Climate Change ■ Ministry of Drinking Water and Sanitation ■ City corporations ■ NITI Aayog
NCDs	<ul style="list-style-type: none"> ■ Ministry of Agriculture and Farmers Welfare ■ Ministry of Social Justice and Empowerment ■ Ministry of Women and Child Development ■ Food Safety and Standards Authority of India
Road safety	<ul style="list-style-type: none"> ■ Ministry of Road Transport and Highways ■ Ministry of Health & Family Welfare ■ NITI Aayog

Area	Partners
AMR	<ul style="list-style-type: none"> ▪ National Centre for Disease Control, Indian Council of Medical Research, Central Drugs Standard Control Organization, Food Safety and Standards Authority of India in the Ministry of Health & Family Welfare ▪ Department of Animal Husbandry, Dairying & Fisheries and Indian Council of Agricultural Research in the Ministry of Agriculture and Farmers Welfare ▪ Central Pollution Control Board in the Ministry of Environment, Forest and Climate Change ▪ Department of Biotechnology, Department of Science & Technology and Council of Scientific & Industrial Research in the Ministry of Science and Technology ▪ Department of Pharmaceuticals in Ministry of Chemicals and Fertilizers ▪ Swachh Bharat Mission in Ministry of Drinking Water and Sanitation ▪ Ministry of AYUSH ▪ Ministry of Consumer Affairs, Food and Public Distribution ▪ Ministry of Food Processing Industries ▪ Ministry of Information and Broadcasting ▪ Ministry of Finance
Reproductive, maternal, newborn, child and adolescent health	<ul style="list-style-type: none"> ▪ Ministry of Health & Family Welfare ▪ Ministry of Women and Child Development ▪ Federation of Obstetric and Gynaecological Societies of India ▪ Indian Academy of Pediatrics

Collaboration of WHO with the UN and other international partners

As the UN technical lead on health, WHO works closely with other UN agencies. These have collectively agreed to, and are working towards, the expected results and strategies outlined in the UNSDF 2018–2022. WHO also serves as the convener for the UNSDF results working group II on health, water and sanitation. Below are some of the many examples of WHO's collaboration with UN partners in specific technical areas in recent years.

- Working with UNICEF to promote the integrated management of pneumonia and diarrhoea in childhood; the quality of care around birth; as well as support for the government in introducing new vaccines and in its efforts to increase vaccination coverage through Mission Indradhanush.
- Working with United Nations Population Fund (UNFPA) to promote modern methods of contraception and to promote healthy ageing.
- Mobilizing UN Women, UNFPA and UNICEF to advocate with the Ministry of Health & Family Welfare to strengthen the health sector's response to violence against women.

- Articulating, together with UNDP, UNICEF and the World Bank, a comprehensive response for addressing NCDs.
- Working with UNICEF and UNFPA on strengthening adolescent health programming and implementation in selected laboratory districts, a labour room quality improvement initiative, and MDSR.

In addition, to enhance the coordination and collaboration among partners working in the health sector in India, WHO has established and chairs the Health Partners Meetings. This forum is attended by UN agencies, the Ministry of Family Health & Welfare, bilateral agencies (e.g., the United States Agency for International Development and the United States of America Centers for Control of Disease and Prevention), several foreign embassies and other key partners. The forum serves as a platform for partners to share information, best practices, and lessons learnt from ongoing or completed activities; hold discussions on critical issues; and to coordinate technical and financial support to the government and other local partners.

4

Setting the agenda for WHO cooperation

In this new CCS, WHO's main role will be to support the government in meeting its health sector reform and other goals laid out in the National Health Policy 2017 over the next five years. A key role will be to help the union and state governments steer their increased investments in health in ways that are efficient and have the greatest impact, based on the best local and global evidence available. Below are the four strategic priorities of this CCS.

1. Accelerate progress on UHC.
2. Promote health and wellness by addressing determinants of health.
3. Better protect the population against health emergencies.
4. Enhance India's global leadership in health.

Strategic Priority 1: Accelerate progress on UHC

This strategic priority – the largest component of WHO's and the Ministry of Health & Family Welfare's work – focuses on all aspects of health service delivery, including efforts in expanding population access to effective comprehensive primary health care; enacting health financing reforms; improving the availability and quality of specific health programmes; eliminating NTDs; controlling vaccine-preventable and vector-borne diseases; and improving maternal and child health services.

Much of WHO's work will involve supporting the union and selected state governments in implementing and scaling up the government's newly established and planned initiatives and programmes. Key areas of support

would be strengthening comprehensive primary health care, the quality of services, and the continuum of care, together with innovation in health service delivery. Much of this support will involve helping to turn the blueprints for Ayushman Bharat into action, starting in a few states. In these states, WHO will guide policy discussions and assist in designing, testing and evaluating the implementation of the PMJAY hospital insurance programme; the establishment of the new Health and Wellness Centres; and the setting up of linkages between these primary care facilities and higher levels of care to ensure continuum of care. A key aim of WHO's support will be to identify and document successful models of service delivery, best practices and lessons learnt to inform the design of these reforms in other states.

To adequately support roll-out of the government's health sector reforms and health system strengthening activities, WHO will need to increase its staff of technical and policy experts, including specialists in areas such as health economics, health service delivery and regulation.

Key challenges in implementing these reforms will include drawing people to the Health and Wellness Centres, given the poor utilization of public sector services in many areas, and developing workable referral systems to prevent PMJAY beneficiaries from bypassing primary care facilities altogether and creating bottlenecks in hospitals.

Attracting patients to the Health and Wellness Centres and other public sector primary health-care facilities will hinge on their ability to offer a range of high-quality services. Towards this aim, WHO will be supporting the development of a methodology for defining, coding and pricing of benefit packages based on local and global

evidence and will support the Department of Health Research in conducting health technology assessments. WHO will continue to support capacity-building of frontline health workers and mid-level health-care providers, including AYUSH practitioners, in the prevention, promotion, diagnosis and management of NCDs and roll-out of a population-based screening programme. Capacity-building work will also cover the delivery of other services, such as basic mental health services through assisting a national mental health training programme for non-24 specialist health workers, such as medical officers, nurses, community health workers/ASHAs, plus palliative care and elderly services.

Improving the access to and quality of other high-priority health services – both at the primary health-care and higher levels – will also continue to be a focus of WHO support, and indeed will intensify in this CCS. This includes the scale-up of innovative models of service delivery for the diagnosis and treatment of hepatitis and TB. It also includes support for the establishment of a new cadre of dedicated midwives – nurse practitioners in midwifery. The aim is to improve the quality of institutional deliveries and newborn care to further reduce the rates of maternal and neonatal mortality. Other key areas are stillbirth prevention, early childhood development, sexual and reproductive health and rights including family planning and abortion care, MDSR, birth defects, and the double nutrition burden. Implementation research will be conducted to improve the quality of, and generate evidence for, best practices in childbirth and child and adolescent health services.

WHO's National Polio Surveillance Project will continue to support the Ministry of Health & Family Welfare's Universal Immunization Programme to increase routine immunization coverage, scale-up use of new life-saving vaccines, move India towards the goal of measles elimination and rubella control, and maintain a robust disease surveillance and response network – including environmental surveillance.

Another key means of improving the delivery of health services is to increase the availability of high-quality and timely health information using digital health platforms. WHO will therefore support the establishment of a digital health “ecosystem” built on a federated national health information architecture. This will link systems across public and private health providers

and health insurance companies at state and national levels and electronic health records. It will promote citizen-driven electronic health records, as well as information systems to better track human resources for health throughout the country.

Intensive, on-the-ground assistance in eliminating NTDs (kala-azar, lymphatic filariasis and leprosy) in still-endemic areas and in the control of vaccine-preventable diseases will continue at current levels for the next three years, or until elimination status is reached in the case of NTDs, using the NTD and National Polio Surveillance Project field teams. This includes support for Mission Indradhanush until 90% full immunization coverage is reached, disease surveillance through the IDSP and introduction of new vaccines. In addition, WHO will increase its support to the government in eliminating malaria, with on-the-ground malaria prevention and control activities in certain high-burden states, as well as continue to provide advice and technical guidance at the central level.

Focus areas for Strategic Priority 1

- **Implementing Ayushman Bharat:** Support policy development and implementation of the Health and Wellness Centres, PMJAY hospital insurance scheme, and referral systems. Support developing a robust methodology for defining, coding and pricing of benefit package. Identify successful models and best practices.
- **Health system strengthening:** Assist in strengthening comprehensive primary health care, including quality of services. Support development and roll-out of electronic information systems for various health programmes and for health personnel management. Advocate for upgrading the training and status of nurses and other mid-level health workers, including AYUSH practitioners, to establish functional multidisciplinary health teams.
- **Digital health ecosystem:** Support integration of health information from public and private health-care providers, Health and Wellness Centres, the health insurance sector, and electronic health records in one digital platform, IHIP.

- **Improving priority health services and testing new models of service delivery:** Strengthen capacity of Health and Wellness Centre staff and other frontline workers to provide quality comprehensive primary care services, such as population-based screening and management of common NCDs; mental health; and reproductive, maternal, newborn, child and adolescent health. Support scale-up of hepatitis and TB control programmes, including innovative strategies to find, diagnose and treat cases. Continue support for the HIV control programme, including development of the HIV surveillance system and policy guidance on new interventions, such as pre-exposure prophylaxis.
- **Increasing routine immunization coverage:** Support efforts of the Universal Immunization Programme to scale-up routine vaccines, introduce and scale-up the use of other life-saving vaccines, accelerate progress towards measles elimination and rubella control, and maintain a robust surveillance system – including environmental surveillance – to reduce morbidity and mortality due to vaccine-preventable diseases.
- **Improving quality of institutional deliveries and newborn care:** Assist in establishment of a new cadre of midwives, improving quality of care, generating best practices in childbirth, child and adolescent health services.
- **Elimination of NTDs and vector-borne diseases:** Continue on-the-ground support to the NTD programme. Support the prevention and control of malaria in selected high-burden areas.

Measures of success for Strategic Priority 1:

- Ayushman Bharat implemented in selected states and the experiences and lessons learnt documented.
- Comprehensive primary health care strengthened through the availability of trained frontline health workers – including AYUSH practitioners – medicines, and diagnostics (both allopathic and traditional).

- Models for continuum of care between Health and Wellness Centres and the PMJAY hospital insurance programme, including referral systems, developed, implemented and evaluated.
- Quality of care improved with the development and implementation of standard treatment protocols.
- Population-based screening and management of five common NCDs rolled out.
- Increase in routine immunization coverage and a reduction in vaccine-preventable disease outbreaks.
- Viral hepatitis and TB diagnosis and treatment initiatives implemented nationwide
- Cadre of midwives – nurse practitioners in midwifery – created.
- Evidence generated to influence sexual, reproductive, maternal, neonatal and health child programmes and policies.
- Information management systems for Health and Wellness Centres and PMJAY linked and incorporated into the IHIP to enhance the continuum of care between primary and hospital care services.
- Kala-azar, lymphatic filariasis and leprosy eliminated nationwide.
- Key government policy initiatives including Ayushman Bharat and the National Viral Hepatitis Control Program reviewed.

Strategic Priority 2: Promote health and wellness by addressing determinants of health

This strategic priority covers a wide range of issues that affect health and wellness – from the risk factors of NCDs such as unhealthy diets, tobacco use, harmful use of alcohol and physical inactivity – to depression and other mental illnesses, air pollution, poor sanitation and waste management. Four common NCDs alone – cardiovascular disease, cancers, diabetes and chronic respiratory diseases – account for an estimated 57% of all premature deaths in people aged 30–69 years in India, and this proportion is likely to increase with India's rapid economic growth and changing lifestyles and as further progress is made in reducing deaths due to communicable diseases. While the diagnosis and management of NCDs and mental illness are covered under Strategic Priority 1 – especially through the establishment of the Health and Wellness Centres – their causes and prevention are addressed in Strategic Priority 2.

Tackling the enormous and growing burden of NCDs, the health impacts of pollution and urbanization, and the complex challenges of mental health requires not only strengthening preventive and promotive health services – such as community-based screening of NCD risk factors – but also actions by other government ministries and sectors. For instance, addressing the rising suicide rates in India, especially among farmers and students, may involve working with law enforcement to improve data on suicides, with community-based organizations to increase awareness, with the agricultural sector to tighten the control of pesticides often used to commit suicide, as well as with advocates for the disabled and the elderly. As another example, the Ministry of AYUSH is an important partner, along with the Ministry of Health & Family Welfare, in addressing NCD risk factors by promoting healthy lifestyles including the practice of yoga.

Given the many risk factors affecting health and wellness, the vastness of this agenda and the need to involve multiple sectors, it can be very challenging to turn policies and plans, such as the National Multisectoral Action Plan for the Prevention and Control of Common Noncommunicable Diseases (2017–2022), into effective action throughout the country. One strategy that WHO will support will therefore be to build upon successful initiatives and models and those with political traction, such as the Swachh Bharat Mission, by, for example, expanding its focus to include improving hygiene practices, promoting environmental cleanliness, and reducing household air pollution. WHO will place priority on and increase its engagement in the following areas because of their growing impact on health in India: environmental health and air pollution, suicide prevention, and prevention and control of noncommunicable diseases. Support in the form of policy and technical guidance will continue at current levels for nutrition and food safety, tobacco control and road safety.

A key focus of WHO's work will be on generating evidence for policy and conducting advocacy based on this evidence. This includes collecting and analysing data on the health impacts of air pollution and other environmental hazards, by, for instance, establishing sentinel surveillance of diseases attributed to air pollution, such as asthma and acute lower respiratory illness,

including them in the IDSP/IHIP, and linking this information to air pollution databases. It also includes generating data on climate-sensitive diseases to advocate for and support development of action plans on climate change and human health in states. In addition, strengthening data on road traffic deaths and injuries in India, as well as sharing information on road safety best practices from around the world, will be critical for WHO advocacy for new road safety laws.

Another major area of support in the next five years will be to assist the union, state and local governments in implementing several strategies and action plans that have been approved by the government, but not yet implemented. This includes the roll-out in selected states of the National Multisectoral Action Plan for Prevention and Control of Common Noncommunicable Diseases (2017–2022) – by assessing states' capacities to implement the plan and helping them develop state-level implementation plans. Also included will be supporting several cities in implementing the National Clean Air Programme by conducting training, sharing WHO tools; and guiding the development of municipal-level plans; capacity-building to do health vulnerability assessments; developing state action plans on climate change and human health; and helping states develop multisectoral suicide prevention strategies as part of the Mental Healthcare Act.

Focus areas for Strategic Priority 2

- **Roll-out of National Multisectoral Action Plan for Prevention and Control of Common Noncommunicable Diseases (2017–22):** Improve data collection on NCD risk factors; guide policies and interventions to promote healthy lifestyles, including yoga; and assist states in developing state-level multisectoral action plans.
- **Environmental health:** Generate evidence on the health impacts of air pollution and climate change to inform policies and interventions. Support states in developing and implementing state clean air programmes and state action plans on climate change and human health. Guide strategies to broaden the Swachh Bharat Mission to address other health issues.

- **Integration of NCD and environmental risk factors in the digital health information platform:** Assist in establishing sentinel surveillance for diseases attributable to air pollution and in linking data to air pollution databases. Support linking NCDs and risk factors within the digital health information platform.
- **Mental health promotion and suicide prevention:** Support union and state governments in developing suicide prevention strategies. Capacity development of ASHAs, auxiliary nurse midwives, mid-level providers, and AYUSH practitioners in screening and referral of children at high risk of, or screened positive for, neurodevelopmental disorders. Integrated training for health personnel running vertical programmes. Support development of targeted psychosocial interventions for vulnerable groups (e.g., children with neurodevelopmental disorders, victims of natural disasters).
- **Nutrition and food safety:** Strengthen food safety policies and regulations to promote healthy diets and strategies to improve maternal and infant nutrition.
- **Road safety:** Strengthen information on road traffic deaths and injuries. Assist in setting national road safety targets and developing a multisectoral action plan. Advocate for new road safety laws and assist in their implementation.
- **Tobacco control:** Support taxation and regulation of tobacco products and generation of data to monitor tobacco use (e.g., Global Adult Tobacco Survey).

Measures of success for Strategic Priority 2

- Improved data on health risk factors and their impact (e.g., lifestyle risk factors, air pollution, climate change, road traffic injuries and fatalities) using digital tools.
- National Multisectoral Action Plan for Prevention and Control of Common Noncommunicable Diseases (2017–2022) rolled out nationally and adapted and operationalized at the subnational level.

- Policy and fiscal measures put in place to reduce the consumption of sugar-sweetened beverages and foods with high levels of fat, salt and sugar.
- State action plans to mitigate health impacts of air pollution and climate change developed and implemented.
- Suicide prevention strategies implemented in selected states.
- Road Safety Act passed, and multisectoral road safety action plan developed and implemented.
- National Tobacco Control Act made fully compliant with the Framework Convention on Tobacco Control and the MPOWER package of policies (**M**onitor tobacco use and prevention policies, **P**rotect people from tobacco smoke, **O**ffer help to quit tobacco use, **W**arn about the dangers of tobacco, **E**nforce bans on tobacco advertising, promotion and sponsorship, and **R**aise taxes on tobacco).

Strategic Priority 3: Better protect the population against health emergencies

This agenda addresses a broad set of threats to local, national and global health security. These threats include infectious and emerging disease outbreaks and pandemics due to pathogens such as Ebola virus, Nipah virus, pandemic influenza viruses, and Zika virus, as well as the longer-term challenge of AMR. They also include natural disasters, including those associated with climate variability and change; emergencies resulting from conflict and forced migration; and industrial and technological hazards, such as chemical spills or gas explosions. Given the potential for outbreak-prone diseases to spread rapidly within India – with its large population, proximity of humans to animals, and populations living in poverty – as well as to spread across India’s borders, and given the growing rates of antibiotic-resistant infections in the country, WHO will expand its support in this area during the period of this CCS linked wherever possible to strengthening of health systems in areas of highest risk and among high-risk subpopulations to build the resilience of these communities to emergencies.

The thrust of WHO support will involve strengthening surveillance, risk reduction and reporting (e.g., of infectious diseases and AMR) and building national and state-level capacities to prevent, prepare for, and to respond to all types of health emergencies and to control AMR through the development of guidance documents, standards and protocols, training programmes, and other forms of technical assistance.

WHO's work in improving the surveillance and reporting of outbreak-prone diseases will centre around two main activities. The first will be strengthening the capacity of an expanding network of disease surveillance laboratories to identify pathogens and detect disease outbreaks, with a focus on improving quality assurance. The second involves assisting with the nationwide roll-out of the revamped IDSP/IHIP real-time electronic reporting platform, through training, monitoring and technical support. This should greatly enhance India's ability to monitor the incidence of 33 diseases and syndromes and to rapidly detect and respond to disease outbreaks.

WHO will also assist in other ways to strengthen India's ability to meet the IHR requirements to detect and respond to infectious disease emergencies. WHO will support the Ministry of Health & Family Welfare in bringing key sectors together to understand and reduce health risks and to identify gaps and priorities based on IHR situation analyses and assessments in order to develop evidence-based national and subnational plans for IHR. WHO will also work with the IHR National Focal Point to strengthen and sustain IHR core capacities including the early notification of acute events, emergency preparedness, and response. Other IHR-related assistance by WHO will include supporting simulations of health emergencies; improving contingency planning; updating preparedness plans for specific disease threats; strengthening risk assessment capacity and risk communications, including community engagement; and improving the monitoring of capacity at points of entry, such as ports, airports, and ground crossings, as well as the management of disease outbreaks in air and sea transport.

Another focus of WHO support will be on improving preparedness for other types of emergencies, including those that necessitate greater multisectoral collaboration such as zoonotic disease outbreaks, chemical spills and health emergencies that occur during mass gatherings, such as melas or in Indian

travellers to the Haj. This support will include assistance with preparedness plans, operational guidelines and training. In addition, WHO will continue to provide support, as requested, in responding to health emergencies, deploying its field-based and central-level staff, as appropriate.

WHO will continue its work with other health sector partners to strengthen collaborations in disaster risk reduction, and provide opportunities to share best practices on combating emerging disease threats. WHO will also support the Ministry of Health & Family Welfare at the national and subnational levels to document outbreaks, after action reviews, of high-threat pathogens and other acute events and the response. Other areas of focus will be to strengthen the screening and management of NCDs during emergencies, given the growing NCD burden and ageing population in India; build capacity of local health workforce and emergency responders for psychosocial support during disasters; and work with various stakeholders to include NCD drugs, diagnostics and devices in the national emergency kits for managing NCDs during and after disasters.

A major goal of WHO's activities in the control of AMR is to greatly enhance the surveillance and national and global reporting of AMR in India by strengthening and expanding AMR surveillance networks, including both national and state laboratories. This work centres around standardizing AMR testing and reporting (using the WHONET software), and enabling the regular sharing of AMR data from India to the WHO Global AMR Surveillance System. WHO will also continue to advocate for the implementation of the National Action Plan on Antimicrobial Resistance and to facilitate its implementation. Another key activity will be to assist states in developing state action plans for containment of AMR using the One Health approach, to improve the rational use of antibiotics in both humans and animals. The development of state action plans will involve mapping relevant stakeholders to determine their respective roles and responsibilities in controlling AMR; assessing the situation and needs of the states; sharing information and establishing state-level governance mechanisms, e.g., multisectoral committees, for AMR containment; . WHO will also assist in efforts to include AMR data on the IHIP digital health platform to effectively manage data for decision making.

Focus areas for Strategic Priority 3

- **Disease surveillance and outbreak detection and response:** Strengthen quality of laboratory testing of emerging pathogens and outbreak-prone diseases; support nationwide roll-out of IDSP using the real-time IHIP platform; integrate environmental variables in IHIP. Enhance IHR core capacities; train a contingent of epidemic intelligence officers to increase country capacity in investigating and responding to outbreaks.
- **National and subnational plans for IHR:** Support for conducting assessment of IHR core capacity and facilitation of development of national and subnational IHR plans.
- **Preparedness for, and response to, all emergencies:** Strengthen national and subnational governments' preparedness for specific emergency situations (e.g., acute public health events); provide on-the-ground support during emergencies, as requested; facilitate development and deployment of specialized emergency medical teams to respond to health emergencies in the region and beyond.
- **Antimicrobial resistance:** Strengthen and standardize AMR surveillance, testing and reporting, including expansion of AMR surveillance laboratories; support development of state-level multisectoral AMR action plans, capacity-building in infection prevention and control, and surveillance of antibiotic use in health facilities; support integration of AMR data in the IHIP digital health platform.

Measures of success for Strategic Priority 3

- IDSP using the IHIP rolled out and functioning nationwide.
- IHR core capacities strengthened.
- IHR plans developed and implemented at national and subnational levels.
- Capacity of expanded network of biomedical laboratories to detect and report infectious disease outbreaks strengthened.
- Expanded network of AMR laboratories regularly report AMR test results and India regularly submits Indian AMR data to GLASS.
- State action plans for containment of AMR developed and functional.

Strategic Priority 4: Enhance India's global leadership in health

India has been called the “pharmacy of the world” and the source of 60% of medicines prequalified by WHO for global use. As noted by the India Brand Equity Foundation of the Government of India, the country is the largest provider of generic drugs globally. The Indian pharmaceutical sector industry supplies over 50% of global demand for various vaccines, 40% of generic demand in the United States of America, and 25% of all medicine in United Kingdom of Great Britain and Northern Ireland. India's vaccine industry has, in fact, been critical to the world's progress in controlling measles and to the great expansion in the introduction of new vaccines in low- and middle-income countries by producing lower-cost vaccines suitable for use in low-resource settings, including two new rotavirus vaccines.

Therefore, efforts to increase the production and quality assurance of medical products, i.e., drugs, vaccines, diagnostics and medical devices, in India is crucial not only to its own goal of achieving UHC – by helping ensure an adequate supply of affordable, high-quality products – but also to the progress of other countries in achieving their UHC goals. The Government of India also views the development of India's pharmaceutical industry as a key component of its “Make in India” campaign and as a critical sector of the economy.

Assuring the quality of drugs and other medical products made in India is necessary for the country to maintain its leadership role as a global producer and for the industry to continue to grow. As the lead UN agency helping to strengthen the regulation of medical products, WHO will continue to assist national and state regulators in developing and implementing institutional development plans to strengthen their regulatory capacity and systems, including for medical devices. Also essential to assuring quality are efforts to improve and expand safety monitoring of medical products at health facilities. In this regard, WHO will assist in establishing and strengthening safety monitoring systems, with a focus on new drugs for TB, HIV, malaria and NTDs. In addition, WHO will advocate for and support efforts to strengthen safety monitoring systems for traditional medicine, as well as national policies regarding access, quality and use of traditional medical products and technologies.

The Government of India has set a goal to turn India into a major producer of medical devices and rapid diagnostics – both to reduce its current dependence on imported products for domestic use and to become a major exporter of low-cost, high-quality products. The development of India’s National Essential Diagnostics List, with WHO support, should help guide industry decisions about developing high-quality rapid diagnostics for use in India and other countries.

WHO will also continue to support India’s global leadership role in international forums to explore strategies to improve global access to high-quality products, such as by increasing local research and development to improve competition and lower prices, and by finding ways for low- and middle-income countries to have greater access to patented medicines without violating intellectual property rights.

India is also in a position to export the many innovations and best practices in health care that it has developed and is implementing. These include strategies to expand the diagnosis and treatment of TB, hepatitis and NCDs – including the financial incentive system for TB linked to TB patient monitoring, and community-based models for the life-long treatment of hepatitis B. They also include the free drug and free diagnostic schemes being used to reduce out-of-pocket costs for essential medical products, new uses of point-of-care diagnostics (e.g., using GeneXpert machines to diagnose hepatitis as well as TB), and best practices in the control of AMR. WHO can play an important role by sharing these innovations and best practices at regional and global meetings, in print and online materials, and by supporting publications, such as articles in peer-reviewed journals.

In addition, the Government of India envisions the country becoming a global leader in digital health technologies. India’s vision of digital health includes creating a Health Information Exchange Platform and National Health Information Network, and the development of portable electronic medical records for all citizens that are accessible to providers and patients. In support of the latter, WHO will assist the Government of India in establishing a unique ID system to allow a patient’s records from different programmes and health facilities to be linked – a critical step in ensuring a continuum of care between different levels of health care services.

Finally, WHO will facilitate India’s emergency support to other countries in the region. This includes the deployment of emergency medical teams and the provision of drugs and vaccines made in India as part of emergency response. To ensure India’s leadership presence in digital health, WHO will facilitate representation of the Ministry of Health & Family Welfare in major multisectoral global digital health activities.

Focus areas for Strategic Priority 4

- **Improving access to medical products of assured quality made in India:** Support national and state governments in strengthening regulation and safety monitoring of medical products. Assist with efforts to expand the local production of medical devices and diagnostics that meet international standards. Support India’s leadership role in collaborating with other countries to increase access of low- and middle-income countries to affordable high-quality medical products.
- **Development and information sharing of innovations in health practices and technologies:** Support the Government of India’s free diagnostic scheme and testing of new uses of point-of-care diagnostics. Facilitate sharing of India’s experiences with innovative health delivery models and other best practices with the world. Encourage and support the development of new antibiotics in India.
- **Digital health technology:** Support India’s goals to become a leader in digital health technologies, including roll-out of the IHIP, the establishment of electronic medical records and a unique ID system (see Box 4).

Measures of success for Strategic Priority 4

- Regulatory processes and policies for medical products including traditional medicines strengthened, especially at the state level.
- Expanded production of medical devices and diagnostics of assured quality.
- Health innovations and best practices originating in India disseminated globally through conferences, meetings and publications.
- India’s leadership in digital health technology strengthened and advocated globally.

Box 4. Development and roll-out of the Integrated Health Information Platform: a cross-cutting activity

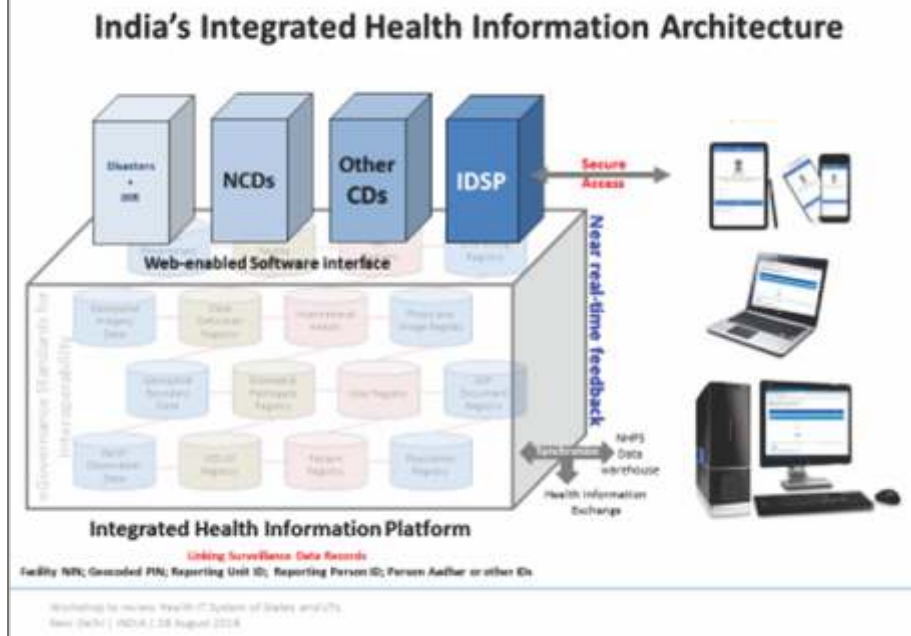
To meet the Indian Government's stated goal in the National Health Policy 2017 of developing an integrated health information system, the Ministry of Health & Family Welfare, with technical support from WHO, is developing and rolling out this web-enabled, near real-time electronic information system designed to serve as a single, centralized platform that integrates health information across all health programmes and entities. This activity thus cuts across all four strategic priorities in this CCS.

While many health programmes in India currently have electronic information systems, many of them use different software and are only accessible by the individual programmes. By contrast, the IHIP will enable data from the various programmes and other databases and “registries” (e.g., for health facilities, essential medicines, population data, users and patients) to be linked (“interoperable”) and accessible to any authorized user.

The first module to be included in the IHIP is the IDSP, which will enable real-time disease surveillance and reporting from any electronic device for 33 major outbreak-prone diseases. The IDSP, which will be rolled out nationwide within two years, also includes an outbreak page that will trigger an investigation, enable district health staff to request specific assistance, and report automatically to the IHR National Focal Point.

Within five years, modules are expected to be added to the platform and rolled out nationwide for the following programmes: malaria, pandemic influenza, food safety, the PMJAY financial protection scheme, rabies control, MDSR, NTDs, vector-borne diseases, various NCD programmes and viral hepatitis control. In addition, the current Health Management

Information System (HMIS) – containing data on health indicators, hospital management, health workforce, supply chain management and many other aspects of the health system – will be integrated into the IHIP. WHO will continue to provide technical assistance in the development, testing and roll-out of the systems. The IHIP, once fully functional, will bring about a sea-change in disease prevention and control in India, as well as help to improve health decision-making and the continuity of care.



5

Monitoring and evaluation of the CCS

The primary aim of monitoring and evaluating the CCS is to determine the extent to which joint actions, initiatives and programmes described under each of the four strategic priorities are being implemented; the secondary aim is to determine the impact of these on the health and well-being of the population. Further, robust, timely and regular evaluation is expected to add value to the CCS process in the following ways.

- Enhances accountability for results and joint ownership between WHO and the Government of India for health achievements.
- Allows efficient measurement of the contribution of the India CCS to achieving the triple billion goals of the GPW13.
- Provides opportunities for reflection and learning and seizing opportunities to strengthen WHO's future collaboration.
- Highlights the need for any midway "course corrections" needed to mitigate risks and improve progress and impact in strategic priorities.
- Helps to measure the contribution of WHO to the implementation of the National Health Policy 2017, the health SDGs and UNSDF 2018–2022.
- Supports value-for-money analysis in health expenditure that can identify gaps in capacity, expertise and resources.

The regular monitoring of CCS implementation as well as the mid-term and final evaluations will be led by the WHO India Country Office, and carried out in full collaboration with the Ministry of Health & Family Welfare and other key partners, including other UN agencies. The monitoring and evaluation process will be harmonized wherever feasible, with other monitoring and evaluation processes, such as the UNSDF 2018–2022. Within WHO, the India Country Office will also solicit inputs from our

regional and headquarter colleagues for the evaluation of health programmes and outcomes, where relevant, and may decide to engage an external consultancy for the mid-term and final CCS evaluations.

CCS monitoring and evaluation framework

The CCS India 2019–2023 will be monitored and evaluated using a six-part framework, which is described in further detail below. The timeline shown in Fig. 2 highlights the key milestones for each element.

Framework to monitor and evaluate CCS India 2019–2023

1. Monitoring of India's disability-adjusted life years (DALYs) over time
2. Measuring outputs and impact targets for the four CCS strategic priorities
3. Implementing biennial Country Support Plans
4. Programmatic evaluations
5. Qualitative reports of health impact and WHO's contribution
6. Progress and achievement in enhancing India's global leadership in health

1. Monitoring of India's disability-adjusted life years (DALYs) over time

In the National Health Policy 2017, India has committed to establish regular tracking of the DALY Index as a measure burden of disease and its trends by major categories, by 2022, at both national and state levels. DALY is the summary measure used to give an indication of overall burden of disease. Having this intelligence will be the foundation upon which strategies for addressing the major causes of early ill-health and increasing people's healthy life expectancy can be implemented.

Most DALYs in older age are attributable to chronic conditions, the accumulated impact of which can lead to significant loss in function and care dependence. Healthy life expectancy has been referenced in the GPW13 as a good, overarching measure of progress towards achieving SDG 3, i.e., ensuring healthy lives and promoting well-being for all at all ages. However, for monitoring India's CCS 2018–2022, the DALY and its trends by major categories is proposed as an overarching and comparable measure of progress. As far as possible, India's trends in DALYs will be reported as part of the mid-term and final CCS evaluations.

2. Measuring impact indicators and targets for the four CCS strategic priorities

As set out in Annex 1, WHO India will monitor progress towards each of the four strategic priorities using a defined set of outputs, outcomes and impact targets. The indicators chosen are aligned to the National Health Policy 2017, GPW13, National SDG Indicator Framework 2018, and the UNSDF 2018–2022. To monitor equity in population health gains, data for these indicators will be disaggregated based on gender, age, geography and socioeconomic factors, at the national and subnational level as appropriate. The proposed targets and indicators have been aligned to GPW13 priority outcomes as discussed with the Government of India and the biennial WHO Country Support Plan (2020–2021).

3. Implementation of biennial Country Support Plans

Based on the agreed strategic priorities and following the new GPW13-aligned planning and budgeting framework, WHO will develop biennial operational plans with the Government of India. These Country Support Plans will explicitly highlight the outputs and secretariat contribution from across three levels, and the resources required to deliver. The Country Support Plans will help to operationalize the CCS and will be monitored in line with WHO's statutory programme budget reporting.

4. Programmatic evaluations

As set out in earlier chapters, this CCS covers a period of significant change – both in India's health sector policies and in WHO's role as a technical partner to the government. One key contributor to these changes is the polio transition. Further, several programmes, including polio, TB and NCDs are well funded until and including 2021 and there will be a need for programme review and further planning during the period of the CCS. Hence, it is recommended to conduct a review of the programmes' performances, future population health needs and WHO future support and funding in 2020 by a high-level WHO delegation.

The assessment is likely to explore a range of factors including those listed below.

- The success of WHO's efforts to expand the scope of the National Polio Surveillance Project by engaging the 240 surveillance medical officers in a wider set of public health interventions, such as assisting with immunization activities, and the control or elimination of high-priority vaccine-preventable diseases.
- The success of leveraging polio legacy staff and consultants for rapid, ad hoc deployments in response to the needs of the Ministry of Health & Family Welfare, particularly for outbreaks and health emergencies.
- The level of progress in accelerating TB control achieved by strengthening the TB Technical Support Network – the number of medical officers will be more than doubled through utilizing government funds.
- The progress in rolling out the India Hypertension Management Initiative, and its impact on population health.
- The growth in technical capacity and human resources in the Indian health sector and readiness to take over programme implementation from WHO.

- The impact on WHO of a significant reduction in resources and recommendations for effectively shifting WHO support to more high-level policy guidance and advocacy in response to India's current needs and growing economic and technical capacities.

In addition to the National Polio Surveillance Project, other new and evolving priority programmes such as the National Viral Hepatitis Control Programme and Sexual and Reproductive Health and Rights Initiative will be evaluated during the CCS period. Such evaluations will be geared towards measuring progress in implementation, impact and value for money to inform future national policies and programmes. The learning and outcomes of these programme evaluations can be shared between countries and within WHO to help achieve Strategic Priority 4 to enhance India's global leadership in health.

5. Qualitative reports of health impact and WHO's contribution

To complement quantitative measures, such as DALYs and the impact indicators in the monitoring framework, WHO India will utilize qualitative methods to report on the social and contextual relationships, factors and dynamics that underpin people's health outcomes.

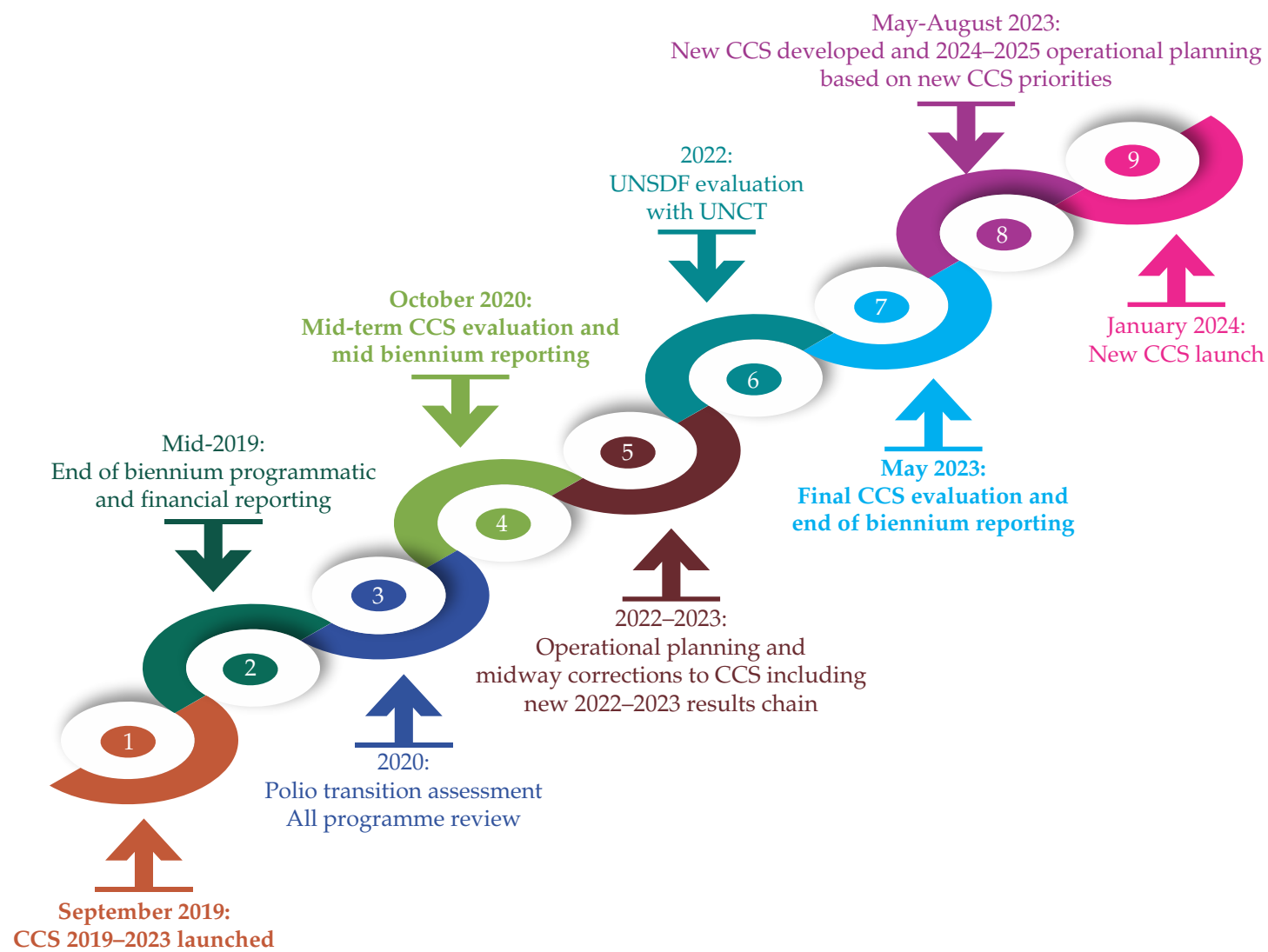
As WHO's focus of support shifts from the operational to a more upstream policy and advocacy focus, narrative reports will provide the framework for WHO to demonstrate its contribution to sociobehavioural, economic and environmental determinants of health, through avenues such as stronger

dialogue with a broader range of partners across different sectors, and closer collaboration with the UN system. In addition to the mid-term and final CCS evaluations, qualitative reports of WHO's contributions in collaboration with India to health outcomes under each of the four strategic priorities will be periodically published online, in the annual report of the Regional Director of WHO South-East Asia, and on the WHO programme budget web portal as part of end-of-biennium reporting.

6. Reporting progress and achievement in Strategic Priority 4: Enhancing India's global leadership in health

Assessing progress towards a priority such as "global leadership in health" calls for a multidimensional and collaborative approach with governments and stakeholders. Data and evidence will be gathered from a range of sources, including global conferences, publications, prequalification information, trade information, and other sources to evaluate India's contribution and leadership role in health. India's role in South-South and triangular cooperation, in the Brazil-Russia-India-China-South Africa (BRICS) forums, and in other mechanisms for development cooperation including aid provisions would be considered. India's collaboration with WHO at both the institutional level and at WHO governing bodies meetings will be an indicator of global leadership in health. India's contribution to, and monitoring of, the GPW13 triple billion goals especially at the proposed level 1 and 2 measures will also be considered. These elements will be included in the mid-term and final evaluations of the CCS.

Fig. 2 Key milestones for CCS monitoring and evaluation, including in relation to operational planning



Annexure 1 – A monitoring framework: measuring GPW13-aligned outputs and impact targets for the four CCS strategic priorities

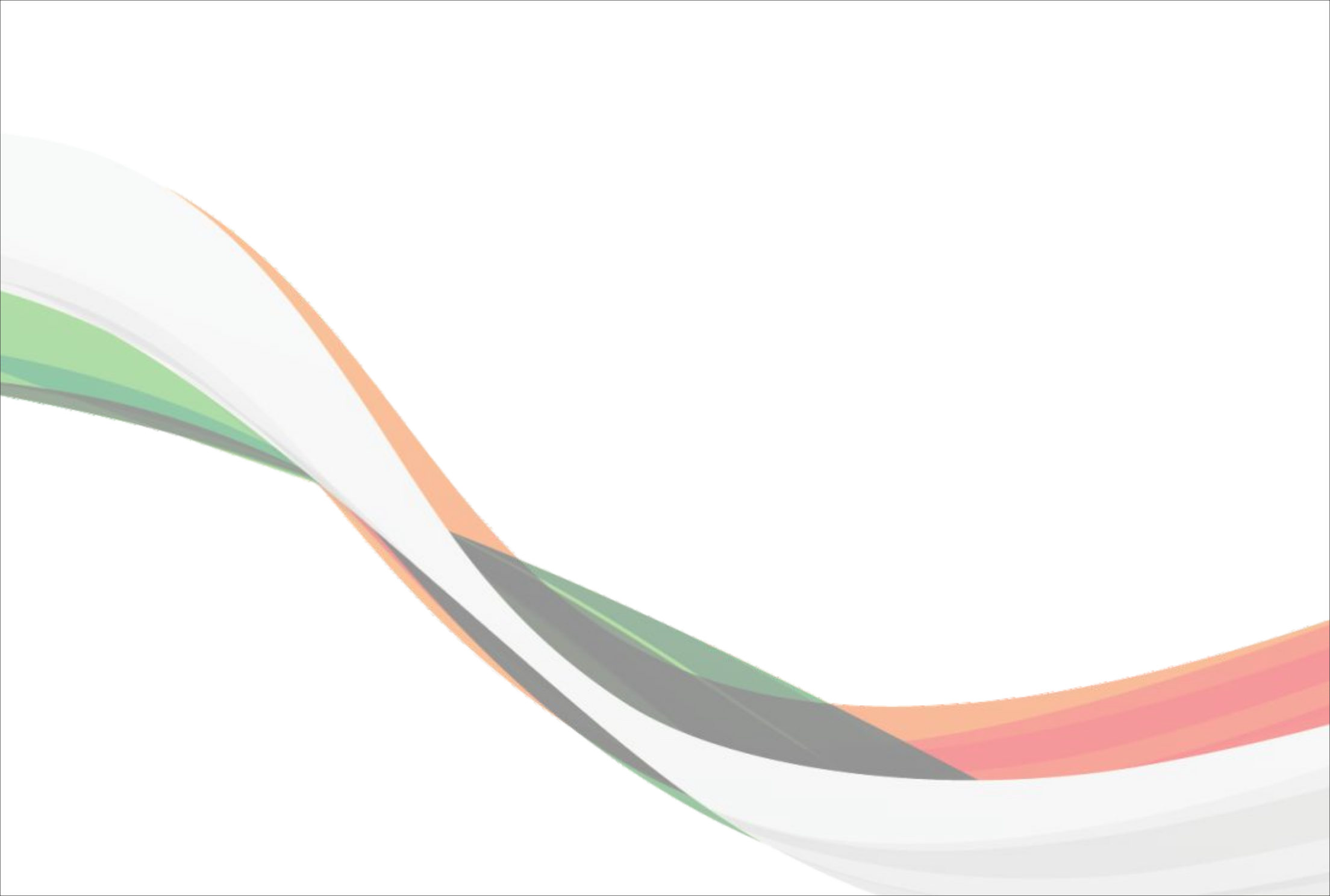
Strategic priorities: CCS 2019–2023	Focus areas	Enabling policy and strategic environment	Proposed targets (aligned with National Health Policy 2017)	Proposed indicators (Aligned with national SDG indicator framework 2018, Ministry of Statistics and Programme Implementation and WHO GPW13 proposed indicators)
Overarching and comparable measure of progress: Disability Adjusted Life Years (DALY) Index as a measure of burden of disease and its trends by major categories				
1. Accelerate progress on universal health coverage	➤ Implementing Ayushman Bharat health protection scheme	Ayushman Bharat Programme: Pradhan Mantri Jan Arogya Yojana and Health and Wellness Centres	<p>Increase life expectancy at birth from 67.5 to 70 by 2025.</p> <p>Decrease in proportion of households facing catastrophic health expenditure from current levels by 25% by 2025.</p> <p>Increase health expenditure by government as a percentage of gross domestic product from the existing 1.15% to 2.5 % by 2025.</p> <p>Increase utilization of public health facilities by 50% from current levels by 2025.</p> <p>Establish primary and secondary care facilities as per norms in high-priority districts (population as well as time-to-reach norms) by 2025.</p>	<p>Composite UHC Index (combined measure of UHC service coverage and UHC financial hardship index)</p> <p>Percentage of population covered by health financing scheme (national or state)</p> <p>Total health expenditure as a percentage of gross domestic product</p> <p>Government health expenditures as a percentage of total health expenditure</p> <p>Out-of-pocket expenditures as a percentage of total health expenditure</p> <p>Proportion of the population (or subpopulation) facing catastrophic health expenditures at 10% or 25% threshold</p> <p>Distribution of public health-care facilities in high-priority districts</p>
	➤ Health system strengthening: human resources for health and health information systems		<p>Ensure availability of paramedics and doctors as per Indian Public Health Standards norms in high-priority districts by 2020.</p> <p>Establish regular tracking of DALY Index as a measure of burden of disease and its trends by major categories by 2022.</p>	<p>Total physicians, nurses and midwives per 10,000 population</p> <p>Percentage death registration coverage</p> <p>Percentage cause of death assigned out of total registered deaths</p>

	<p>➤ Improving priority health services and testing new models of service delivery: comprehensive primary care services including: noncommunicable diseases; reproductive, maternal, newborn, child and adolescent health; communicable diseases</p>	<p>Reproductive, Maternal, Newborn, Child, and Adolescent Health Strategy; midwifery services 2018</p> <p>Mission Indradhanush – Gram Swaraj Abhiyan</p> <p>National Strategic Plan for Tuberculosis Elimination 2017–2025</p> <p>National Viral Hepatitis Control Program launched 2018</p> <p>National Strategic Plan for Malaria Elimination 2017–2022 (Target: zero indigenous malaria cases in 22 states by 2022)</p> <p>HIV intervention towards 90–90–90 targets</p>	<p>Ensure more than 90% of infants fully immunized by one year of age by 2025.</p> <p>Sustain antenatal care coverage above 90% and skilled attendance at birth above 90% by 2025.</p> <p>Reduce total fertility rate to 2.1 at national and subnational levels by 2025.</p> <p>Meet needs for family planning above 90% at national and subnational levels by 2025.</p> <p>Achieve and maintain a cure rate of >85% in patients newly sputum positive for tuberculosis and reduce incidence of new cases; reach elimination status by 2025.</p> <p>Achieve HIV / AIDS 90–90–90 target by 2020.</p> <p>Ensure 80% of known hypertensive and diabetic individuals at household level maintain “controlled disease status” by 2025.</p>	<p>Percentage of children aged 12–23 months fully immunized</p> <p>Proportion of districts with full immunization coverage of > 90%</p> <p>Tuberculosis incidence per 100 000 population</p> <p>Percentage of rifampicin-resistant tuberculosis cases successfully treated (cured plus treatment completed) among tuberculosis cases notified to the national health authorities during a specified period</p> <p>Maternal mortality ratio</p> <p>Percentage of births attended by skilled health personnel</p> <p>Under-five mortality rate, infant mortality rate, neonatal Mortality Rate</p> <p>Proportion of districts with total fertility rate < 2.1</p> <p>Percentage of currently married women (15–49 years) who use any modern family planning methods</p> <p>Incidence of HIV</p> <p>Percentage of people living with HIV currently receiving antiretroviral therapy among the detected number of adults and children living with HIV</p> <p>Viral hepatitis (including B & C) incidence per 100 000 population</p>
	<p>➤ Elimination of neglected tropical diseases and control of vaccine-preventable and vector-borne diseases:</p>	<p>Kala-azar elimination, lymphatic filariasis elimination, and leprosy elimination</p>		<p>Coverage of second dose of measles-containing vaccine at 24–36 months</p> <p>Proportion of districts implementing vaccine-preventable disease surveillance</p> <p>Malaria annual parasite incidence per 1000 population</p> <p>Incidence of kala-azar at block level</p> <p>District microfilaria rate (lymphatic filariasis)</p> <p>The proportion of grade-2 cases among new cases of leprosy per 100 000 population</p>

	➤ Digital health ecosystem: support integration of health information in one digital platform	Integrated Health Information Platform	Ensure district-level electronic database of information on health system components by 2020. Strengthen the health surveillance system and establish registries for diseases of public health importance by 2020. Establish federated integrated health information architecture, Health Information Exchanges and National Health Information Network by 2025.	Proportion of states/districts implementing Integrated Health Information Platform
2. Promote health and wellness by addressing determinants of health	➤ Noncommunicable disease action plan roll-out	National Multisectoral Action Plan for the Prevention and Control of NCDs 2017–2022	Reduce premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 25% by 2025. (The National NCD Monitoring Framework proposes reduction of premature mortality from NCDs by 30% in 2025.)	Unconditional probability of premature mortality due to noncommunicable diseases
	➤ Nutrition and food safety	National Nutrition Strategy 2017–2022	Reduction of 40% in prevalence of stunting of children under five years by 2025	Proportion of children who are stunted
		National Nutrition Mission (POSHAN Abhiyaan) 2017–2022		
	➤ Environmental health and Water and Sanitation	Swachh Bharat Mission National Clean Air Programme in selected cities National Action Plan on Climate Change and Human Health.	Access to safe water and sanitation to all by 2020 (Swachh Bharat Mission).	Proportion of population with access to safe drinking-water Proportion of population with access to safe sanitation Incidence of acute diarrhoeal diseases in under-five children
	➤ Mental health promotion and suicide prevention	National Mental Health Policy 2014 Mental Healthcare Act 2017; National Mental Health Programme WHO Mental Health Action Plan 2013–2020	10% reduction in suicide rate by 2020.	Suicide mortality rate

	➤ Road safety	Phuket Commitment on Road Safety 2017 Brasilia Declaration on Road Safety 2015 UN Decade of Action for Road Safety 2011–2020	50% reduction in road crash fatalities and severe injuries by 2020 (baseline year 2010)	Death rate due to road traffic injuries (road traffic mortality rate)
	➤ Tobacco control: Tobacco Free Initiative	Cigarettes and Other Tobacco Products (COTPA) Act 2003 (prohibition of advertisement and regulation of trade and commerce: production, supply and distribution) Framework Convention on Tobacco Control Tobacco Free Initiative	Relative reduction in prevalence of current tobacco use by 15% by 2020 and 30% by 2025.	Prevalence of current tobacco users among men and women aged 15 and above
3. Better protect the population against health emergencies	➤ Disease surveillance and outbreak detection and response	International Health Regulations	Strengthen the health surveillance system and establish registries for diseases of public health importance by 2020.	International Health Regulations core capacity index
	➤ Support nationwide roll-out of Integrated Disease Surveillance Project	Integrated Disease Surveillance Project		
	➤ Enhance International Health Regulations core capacities			
	➤ Prevention, preparedness for, response to, and recovery from all emergencies: acute public health events and disasters	National Disaster Management Plan Sendai Framework for Disaster Risk Reduction		

	➤ Containment of antimicrobial resistance	Delhi Declaration on Antimicrobial Resistance National Action Plan for Antimicrobial Resistance State Action Plans for Containment of Antimicrobial Resistance	Launch communication campaign on antimicrobial use and resistance to raise awareness. Review and consolidate antimicrobial resistance in training curricula of health, veterinary, and food professionals. Establish functional antimicrobial resistance surveillance system. Update standardized guidelines for antibiotic use.	Proportion of states with state action plans for containment of antimicrobial resistance Number of laboratories in antimicrobial resistance surveillance network (s) Number of institutions monitoring antibiotic use
4. Enhance India's global leadership in health	➤ Improving access to medical products of assured quality, strengthening regulation and safety monitoring of medical products		Access to medicines and diagnostics	Proportion of Health and Wellness Centres where all essential medicines are available Percentage of medicines available from the essential medicines list at facility levels Number of WHO prequalified products for improving access to quality and safe medical products Number of innovations (such as regulatory pathways, patents, technology transfer) provided technical support for accelerated manufacture and production of medical products Number of innovations (such as regulatory pathways, patents, technology transfer) provided technical support for accelerated manufacture and production of medical products
	➤ Development and information sharing of innovations in health practices and technologies		Ensure district-level electronic database of information on health system components by 2020. Strengthen the health surveillance system and establish registries for diseases of public health importance by 2020.	Proportion of state/districts implementing Integrated Health Information Platform (as with Strategic Priority 1)
	➤ Digital health technology: support India's goals to become a leader in digital health technologies, including roll-out of the Integrated Health Information Platform, the establishment of electronic medical records and a unique ID system.	National Digital Health Strategy	Establish federated integrated health information architecture, Health Information Exchanges and National Health Information Network by 2025.	Proportion of states with State Digital Health Strategy in place







Nirman Bhavan, Maulana Azad Road, New Delhi 110011 | www.searo.who.int/india