National Health Profile of India

India's population crossed the one billion marks at the start of twenty first century to become the second largest country (next to China). Provision of health care for such a vast population needs sound planning and implementation of health policies of the government combined with the support from other stakeholders such as NGOs, private sector, local and regional bodies. While great progress has been made in the provision of care in some areas there is a need for equity in availability of services and enhancing the quality of care in many areas. The initiative of improving health systems in the country needs to be supported by a versatile data base of health information which is comprehensive up to-date and easy to access.

The National Health Profile is an initiative on par with international standards of data publications. The objective of this publication is to create a versatile data is to create a versatile data base of health information of India and making it available to all stakeholders in the healthcare sector. This publication takes into account recent trends in demography, disease profile (communicable and non communicable/lifestyle diseases) and available health resources which define a country's health status. The purpose is to provide relevant information for planning and decisions making on an informed basis to the planners, policy makers, health administrators, research workers andothers engaged in raising the health and socio-economic status of the community. This will further contribute to the improvement of quality of health services and to the equitable distribution health resources in the country.

The research team for National Health Profile assessed a large number fo international websites and publications dealing with management of health data to health status of a nation. On the basis of this assessment, a modified structure with three levels of indicators to organize and manage the health information was created. This structure includes 6 first level indicators (Demographic, socio-economic, health status, health finance, health infrastructure and health manpower). This structure was discussed in great detail (with a range of people from senior health policy makers, administrators to epidemiologists and anthropologists) to firstly assess its robustness to handle data currently and in the future and secondly the need to include or discard data from the existing publications. Further, the research also involved identification of most appropriate data sources for the selected indicators. Finally the most up to data from identified sources were incorporated into the new format of tables with various combinations of parameters such as age, sex, urbon, rural etc.

As the country moves towards providing better and equitable healthcare to its people we hope this publication will contribute towards informed decisions on the policies and initiatives of the numerous stakeholders providing healthcare. We recognize the need for continuous improvement of this publication to match the ever changing health needs and the paradigm shifts in programme implementation to achieve higher levels of effectiveness. We visualize that this structure of data organization will be tested over the period and the process will lead to further standardization and enhancement of the database.
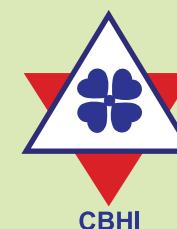

National Health Profile 2010

CBHI

सत्यमेव जयते

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CBHI: WHO Collaborating Center On Family of International Classifications (ICD-10, ICF & ICHI), India

The WHO Family of International Classifications (FIC)

The WHO constitution mandates the production of international classifications on health so that there is a consensual, meaningful and useful framework, which the governments, providers and consumers can use as a common language. The WHO Family of International Classifications provides a framework to code a wide range of information about health (e.g. diagnosis, functioning and disability, reason for contact with health services) and uses a standardized common language permitting communication about health and health care across the world in various disciplines and sciences. These internationally endorsed classifications facilitate the storage, retrieval, analysis, and interpretation of data in a uniform format allowing comparability of data of a population over different periods and also between different populations. The basis for the WHO-FIC and the principles governing the admission of classifications are set out in the paper on the "WHO-FIC". This paper also provides a protocol to those wishing to submit a classification for inclusion in the WHO-FIC.

TYPES OF CLASSIFICATIONS:
1. International Classification of Diseases (ICD)
2. International Classification of Functioning, Disability and Health (ICF)
3. International Classification of Health Interventions (ICHI) – Under Development

CLASSIFICATIONS AND CLINICAL TERMINOLOGIES

Classifications capture snapshot views of population health using such parameters as death, disease, functionality, disability, health and health interventions, which inform management and decision making process in the health system. Over time they also provide insight on trends, which informs the planning and decision making processes by health authorities. The varied applications in health information systems and the general availability of information and telecommunication technologies (ICT) have highlighted the need for increased interoperability.

The base line information that is aggregated for public health purposes is increasingly derived from health records, which contain both patient care related information, and also information that is crucial for management, health financing and general health system administration. The accuracy and consistency of the health records is crucial to ensure the quality of care and sound management of health systems resources. This calls for accurate and consistent use of clinical terminologies and recognition of the particular importance of semantic interoperability. Possible synergies between classifications and clinical terminologies have been identified crucial for future work, particularly in the perspective of a growing automation of information processing. WHO and its network of collaborating centers are taking steps in that direction.

International Classification of Diseases (ICD)

The ICD is the international standard diagnostic classification for all general epidemiological, many of population groups and monitoring of the incidence and prevalence of diseases and other health problems in relation to other variables such as the characteristics and circumstances of the individuals affected, reimbursement, resource allocation, quality and guidelines. In 1967, the World Health Assembly adopted the WHO Nomenclature Regulations that stipulate use of ICD in its most current revision for mortality and morbidity statistics by all Member States. The currently in use the Tenth Version of ICD (ICD-10) was endorsed by the Forty-third World Health Assembly in May 1990 and came into use in WHO Member States as from 1994. It is being used to classify diseases and other health problems recorded on many types of health and vital records including death certificates and health records. In addition to enabling the storage and retrieval of diagnostic information for clinical, epidemiological and quality purposes, these records also provide the basis for the compilation of national mortality and morbidity statistics by WHO Member States.

International Classification of Functioning, Disability and Health (ICF)

The ICF is a classification providing a unified and standard language and framework for description of health and health-related domains. These domains are classified from body, individual and societal perspectives by means of two lists: a list of body functions and structure, and a list of domains of activity and participation. Acknowledging that every human being can experience a decrement in health and thereby experience some degree of disability, it measures health and disability at both individual and population levels. Since an individual's functioning and disability occurs in a context, the ICF also includes a list of environmental factors. Thus it 'mainstreams' the experience of disability and recognizes it as a universal human experience. By shifting the focus from cause to impact it places all health conditions on an equal footing allowing their comparability using a common metric – the ruler of health and disability. Furthermore ICF takes into account the social aspects of disability and does not see disability only as a 'medical' or 'biological' dysfunction. By including Contextual Factors, in which environmental factors are listed ICF allows to record the impact of the environment on the person's functioning. The ICF was officially endorsed by all 191 WHO Member States in the Fifty-fourth World Health Assembly on 22 May 2001(resolution WHA 54.21).

> **All the Health/Medical Care Institutions In India to Efficiently Use ICD-10 (& ICF)**
> **For More Details on FIC, Kindly Visit Website www.who.int/classifications**

IMPORTANT HEALTH DAYS OBSERVED

MONTH	DATE	Observed as
Jan	30	World Leprosy Eradication Day
Feb.	4	World Cancer Day
	12	Sexual & Reproductive Health Awareness Day
March	6	Glucoma Day
	8	International Women's Day
	11	No Smoking Day
	12	World Kidney Day
	15	World Disabled Day / World Consumer Rights Day
	16	Measles Immunisation Day
	22	World Day for Water
	24	World TB Day
April	7	World Health Day
	17	World Haemophilia Day
	19	World Liver Day
	22	Earth Day
	25	World Malaria Day
May	6	World Asthma Day
	8	World Red Cross Day
	9	World Thalassaemia Day
	12	World Chronic Fatigue Syndrome Awareness Day/International Nurses day
	19	World Hepatitis Day
	28	International Women's Health Day
	31	Anti-tobacco Day/World no tobacco Da
June	5	World Environment Day
	8	World Brain Tumor Day
	14	World Blood Donation Day
July	1	Doctors Day (In India)
	11	World Population Day
	29	ORS Da
Aug	1–8	World Breast Feeding Week
	25th Aug – 8th Sept.	Eye Donation Fortnight
Sept.	1 to 7	National Nutrition week
	12	World Oral Health Day
	21	World Alzheimer's Day
	26	World Day of the Deaf
	28	World Heart Day / World Rabies Day
Oct.	1	International Day for the Elderly
	2	National Anti Drug Addiction Day
	10	World Mental Health Day
	12	World Sight Day (Thursday of October Every Year)
	12	World Arthritis
	16	World Food Day
	17	World Trauma Day
	20	World Osteoporosis Day
	21	World Iodine Deficiency Day
	24	World Polio Day
	26	World Obesity Day
	29	World Stroke Day
	30	World Thrift Day
Nov.	2	World Pneumonia Day
	10	World Immunisation Day
	14	Diabetes Day
	18	World Epilepsy Day
	19	World COPD Day
	15 to 21	New Born Care Week
Dec.	1	World AIDS Day
	2	National Pollution Prevention Day
	3	International Day of Disabled Persons
	9	World Patient Safety Day