



सत्यमेव जयते

# National Health Profile 2012

(January to December)



## Central Bureau of Health Intelligence

Directorate General of Health Services  
Ministry of Health & Family Welfare  
Government of India  
Nirman Bhawan, New Delhi-110108

*WHO Collaborating Centre on Family of  
International Classifications (ICD-10, ICF & ICHI)*

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## **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 makers 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 variables such as the characteristics and circumstances of the individuals. 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 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 WHO-FIC, kindly Visit Website [www.who.int/classifications](http://www.who.int/classifications)**

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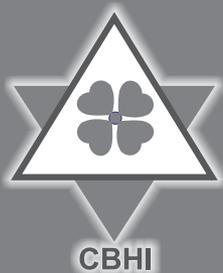
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## **Information to our Readers**

The latest data depicted in this publication have been collected from the various source agencies namely (a) Central Ministries/Departments, (b) All the 35 States/UTs/Health Authorities, (c) Autonomous Organizations & other Agencies, and have been indicated at the bottom of each table. The source agencies are solely responsible for the accuracy or otherwise of data depicted in the publication. In case of doubt, source agency may kindly be contacted.

The non-reporting/under coverage of data, column of information for different reference periods and number of reporting institutions etc. have been explicitly mentioned /shown in the tables.

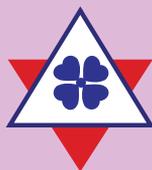
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## **National Health Profile of India**

The National Health Profile is an initiative at par with international standards of data publications. The objective of this publication is to create a versatile data base of health information of India and making it available to all stakeholders in the healthcare sector. This data base of health information is comprehensive, up-to-date and easy to access. 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 decision making on an informed basis to the planners, policy makers, health administrators, research workers and others 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 of health resources in the country.

The research team for National Health Profile assessed a large number of websites and publications dealing with management of health data relevant 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 Human Resources in Health Sector). This structure was discussed in great detail (with a range of people from senior health policy makers, administrators to epidemiologists and anthropologists) to 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 the most appropriate data sources for the selected indicators. Finally the most up to date data from identified sources were incorporated into the new format of tables with various combinations of parameters such as age, sex, urban, 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 health care. 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.