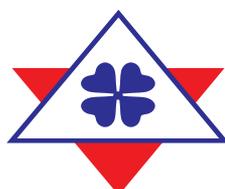




Government of India

NATIONAL HEALTH PROFILE 2018



CBHI

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

Information to our Readers

The latest data depicted in this publication have been collected from various source agencies. CBHI relies on these source agencies to compile the data for National Health Profile namely (a) Central Ministries/Departments (b) All the 36 States/UTs/Health Authorities. (c) Autonomous Organizations & other Agencies, and have been indicated at the bottom of each table. We make every effort for quality of data however, 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.

Design & Printed at :

India Offset Press

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Phase-1, New Delhi-110064

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स्वास्थ्य एवं परिवार कल्याण मंत्री
भारत सरकार
Minister of Health & Family Welfare
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MESSAGE

It is indeed heartening to know that Central Bureau of Health Intelligence (CBHI) is releasing the 13th edition of its annual publication **National Health Profile 2018 (NHP)**. I am sure the health sector will be immensely benefitted with this comprehensive information on various areas of health.

Data is indispensable part of governance and such incorporation of updated information from this publication would certainly help in policy planning and decision making and contribute to the improvement of the health services in the country. CBHI has put in tremendous efforts to collect and collate an enormous data from across the country and I am sure that this reliable and updated data source will become the foundation of decision making across all the health systems.

I take this opportunity to congratulate all stakeholders involved, especially the team of CBHI for their sincere efforts in compiling such large database. I hope the National Health Profile 2018 with updated information and analysis will meet the expectations of the readers.

(Jagat Prakash Nadda)

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Government of India
Minister of Health and Family Welfare
Ministry of Health & Family Welfare



MESSAGE

It gives me immense pleasure to know that Central Bureau of Health Intelligence (CBHI) is releasing annual publication titled "**National Health Profile 2018**". The publication provides vital information on all major health sector related indicators viz. demographic, socio-economic, health status, health finance, health infrastructure and human resources for the specified calendar year in a comprehensive manner. In addition, it also gives an insight into the work of CBHI and its collaboration with World Health Organization for implementation of Family of International Classifications (ICD-10 & ICF) in India.

It is worth mentioning here that updated health information is essential for policy planning & decision making and supplements in effective implementation and monitoring of various schemes. I am sure that the publication would be extremely useful for various stakeholders engaged in different areas of the health sector development in India.

I take this opportunity to applaud all contributors involved, especially the team of CBHI for their sincere efforts in compiling this publication.


(Preeti Sudan)

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दिनांक/Dated.....27/04/2018

FOREWORD

The Central Bureau of Health Intelligence (CBHI) has been releasing its annual publication "National Health Profile (NHP)" on a regular basis since 2005. It involves prolonged, systematic and genuine efforts to collect an enormous amount of national data from the Directorates of Health & Family Welfare of all the 36 States/UTs, Central Government Organizations, National Health Programmes and various other concerned national and international agencies in India.

This publication of vital national significance brings out very substantial Health Information under six major indicators viz. Demographic, Socio-Economic, Health Status, Health Finance, Health Infrastructure and Human Resources for the specified calendar year and much more relevant information required for an efficient public health system in our country. The sources as well as shortcomings of the data are also indicated.

The 13th edition of NHP includes updated information from concerned State/UTs, Central Government Ministries and other organizations/agencies. It is expected that this national reference document shall be of immense support to all concerned government departments & institutions, public sector enterprises, non-government organizations, policy makers, planners, administrators, managers, researchers and academicians for a strong and efficient health system in India.

I would like to appreciate Director, CBHI and her entire team for timely publication of this 13th edition of National Health Profile. The ideas for further improvement of this publication will be highly appreciated and may kindly be shared with CBHI, Directorate General of Health Services, Government of India.


(Dr. Promila Gupta)

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From the Director's Desk

An updated and reliable health database is the foundation of decision-making across all health system building blocks, and is essential for health system policy development and implementation, governance and regulation, health research, human resources development, health education and training, service delivery and financing. In order to achieve one of the objectives, Central Bureau of Health Intelligence collects data from the health and other relevant sectors, ensuring their overall quality, relevance and timeliness, and converts data into information to support planning, management, and decision making.

"National Health Profile" (NHP) has been methodically compiling data on demographic, socio- economic, health status, health financing indicators, health infrastructure and human resources in health sector in India. Updating information on these areas has made the Profile topical and comprehensive.

I would like to express my gratitude to the many people who saw through this book; to all those who provided support, talked things over, read, wrote, offered comments, allowed us to share their data and assisted in the editing, proof-reading and design.

I thank for the continuous support and co-operation received from all the States and Union Territories, office of Registrar General of India, National health program divisions, Indian council of medical research, medical/ nursing/ dental councils of India, IRDA and different related union ministries in providing updated information for this important publication.

The valuable support from all the staff of CBHI head quarter and of each field survey units in data compilation and preparation of analytical write up of publication need special mention.

I hope National Health profile with more information and analysis will meet the expectations of our readers. The digitization of the healthcare industry is happening fast. To realise its importance, digital version (e-book) of National Health Profile is also available on our website.

The feedback and valuable suggestions from various users of this document had been very encouraging in the past and we solicit such continuous support in future through email at dircbhi@nic.in

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ABBREVIATIONS

AAMR	Age Adjusted Mortality Rate	FW	Family Welfare
AAR	Age Adjusted Rate	FWC	Family Welfare Centre
AIDS	Acquired Immuno Deficiency Syndrome	GDP	Gross Domestic Product
AMI	Acute Myocardial Infarction	GIPSA	General Insurer's Public Sector Association
ANC	Ante Natal Care	GNP	Gross National Product
ANM	Auxiliary Nurse Midwife	GOI	Government of India
ARI	Acute Respiratory Infections	GSDP	Gross State Domestic Product
AYUSH	Ayurveda, Yoga, Unani, Sidhha & Homoeopathy	HIV	Human Immunodeficiency Virus
BCG	Bacillus Calmette-Guerin (BCG) Vaccine	HRD	Human Resource Development
BDS	Bachelor of Dental Surgery	ICD	International Classification of Diseases
BE	Budget Estimates	ICF	International Classification of Functioning, Disability & Health
BMI	Body Mass Index	ICHI	International Classification of Health Interventions
CBR	Crude Birth Rate	ICMR	Indian Council of Medical Research
CCH	Central Council of Homoeopathy	IFA	Iron-Folic Acid
CCIM	Central Council of Indian Medicine	IMC	Indian Medical Council
CD	Communicable Diseases	IMIS	Institute of Management & Information Science
CDR	Crude Death Rate	IMR	Infant Mortality Rate
	CGHS Central Government Health Scheme	INC	Indian Nursing Council
CHC	Community Health Centre	IRDA	Insurance Regulatory and Development Authority
CHD	Coronary Heart Disease	ISM	Indian System of Medicine
CIR	Cumulative Incidence Rate	ISM&H	Indian System of Medicine and Homoeopathy
CMR	Crude Mortality Rate	IUD	Intra Uterine Device
CSO	Central Statistics Office	LEB	Life Expectancy at Birth
DALY	Disability Adjusted Life Year	LHV	Lady Health Visitor
DGHS	Director General of Health Services	LPG	Liquefied Petroleum Gas
DLHS	District Level Household and Facility Survey	MCI	Medical Council of India
DOTS	Directly Observed Treatment Short Course	MCH	Mother and Child Health
DPT	Diphtheria Pertussis Tetanus	MDG	Millennium Development Goals
EAG	Empowered Action Group	MDS	Master of Dental Surgery
ECP	Emergency Contraceptive Pills	MERT	Medical Education, Research & Training
EMRD	Emergency Medical Relief Division	MHA	Ministry of Home Affairs
EPI	Expanded Programme on Immunization	MMR	Maternal Mortality Ratio
ESI	Employee State Insurance	MOHFW	Ministry of Health and Family Welfare
FSI	Forest Survey of India		

MOSPI	Ministry of Statistics and Programme Implementation	PPC	Post Partum Centre
NACO	National AIDS Control Organization	PPTCT	Prevention of Parent to Child Transmission
NAS	National Accounts Statistics	RAN	Rashtriya Aarogya Nidhi
NCDC	Non-Communicable Diseases	RBI	Reserve Bank of India
NCMH	National Commission on Macroeconomics and Health	RCH	Reproductive and Child Health
NCRB	National Crime Record Bureau	RE	Revised Estimates
NCRP	National Cancer Registry Programme	RFWS	Rural Family Welfare Services
NCT	National Capital Territory	RGI	Registrar General of India
NFHS	National Family Health Survey	RHS	Rural Health Statistics
NHM	National Health Mission	RN&RM	Registered Nurses & Registered Mid Wives
NNMB	National Nutrition Monitoring Bureau	RNTCP	Revised National Tuberculosis Programme
NNP	Net National Product	RSBY	Rashtriya Swasthya Bima Yojana
NPCB	National Programme for Control of Blindness	SDG	Sustainable Development Goals
NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke	SDP	State Domestic Product
NRHM	National Rural Health Mission	SRS	Sample Registration System
NSS	National Sample Survey	STD	Sexually Transmitted Diseases
NSSO	National Sample Survey Office	TB	Tuberculosis
NVBDCP	National Vector Borne Disease Control Programme	TFR	Total Fertility Rate
OOP	Out – of – pocket spending	TMR	Truncated Mortality Rate
PBCRS	Population Based Cancer Registries	TTI	Tetanus Toxoid Injection
PCI	Pharmacy Council of India	UFWS	Urban Family Welfare Services
PH	Public Health	UHC	Universal Health Coverage
PHC	Primary Health Centre	UHS	Urban Health Services
		UMPCE	Usual Monthly Per Capita Expenditure
		UT	Union Territories
		WGTR	World Global T B Report-2010-WHO
		YLL	Years of Potential Life Lost

National Health Profile 2018

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India: Country Overview



Source: <http://www.mapsofindia.com>

India is the cradle of the human race, the birth place of human species, the mother of history, the grandmother of legend and the great grandmother of tradition. Our most valuable and most instructive materials in the history of man are treasured up in India only.....**Mark Twain**

The Republic of India (Bhārat Gaṇarājya) is one of the oldest civilizations with more than 1.2 billion people and most populous Sovereign Socialist Secular Democratic Republic with a Parliamentary system of Government in the world. India is the seventh-largest country by area as well as world's seventh-largest economy¹ and it has achieved socio economic progress during the last 70 years of its independence. The country has become self sufficient in agricultural production and is one of the top industrialised country in the world and emerged as an important regional power. Over the seven decades since independence, life expectancy of the country has increased², literacy rates have quadrupled and health conditions have improved to a great extent³.

Location: India covers an area of 32,87,263 sq. km (1,269,346 sq mi), extending from the snow-covered Himalayan heights to the tropical rain forests of the south. As the 7th largest country in the world, India stands apart from the rest of Asia, marked off as it is by mountains and the sea, which give the country a distinct geographical entity. Bounded by the Great Himalayas in the north, it stretches southwards and at the Tropic of Cancer, tapers off into the Indian Ocean between the Bay of Bengal on the east and the Arabian Sea on the west. Lying entirely in the northern hemisphere, the mainland extends between latitudes 8° 4' and 37° 6' north, longitudes 68° 7' and 97° 25' east and measures about 3,214 km from north to south between the extreme latitudes and about 2,933 km from east to west between the extreme longitudes.

Boundaries: Bounded by the Indian Ocean on the south, the Arabian Sea on the south-west, and the Bay of Bengal on the south-east, India shares land borders with Afghanistan and Pakistan to the north-west; China, Bhutan and Nepal to the north; Myanmar to the east; and Bangladesh to the east of West Bengal. Sri Lanka is separated from India by a narrow channel of sea, formed by Palk Strait and the Gulf of Mannar.

Physical Diversity –The main land comprises of four regions, namely, the great mountain zone, plains of the Ganga and the Indus, the desert region and the southern peninsula. The Himalayas comprise three almost parallel ranges interspersed with large plateaus and valleys, which extends over a distance of about 2,400 km with a varying depth of 240 to 320 km in the northernmost part of the country. The plains of the Ganga and the Indus, about 2,400 km long and 240 to 320 km broad, are formed by basins of three distinct river systems – the Indus, the Ganga and the Brahmaputra. They are one of the world's greatest stretches of flat alluvium and also one of the most densely populated areas on the earth.

The desert region in the western part comprise of the great desert extending from the edge of the Rann of Kutch beyond the Luni River northward including the whole of the Rajasthan-Sindh frontier. While the little desert extends from the Luni between Jaisalmer and Jodhpur up to the northern-west. Between the great and the little deserts lies a zone of absolutely sterile country, consisting of rocky land cut up by limestone ridges.

The peninsular plateau is marked by a mass of mountain and hill. Prominent among these are the Aravalli, Vindhya, Satpura, Maikala and Ajanta, flanked by the Eastern Ghats with average elevation is about 610 meters, and the Western Ghats where it is generally from 915 to 1,220 meters, rising in places to over 2,440 meters.

India is rich in flora and fauna. Available data place India in the Tenth position in the world and 4th in Asia in plant diversity. It has the second position in Horticulture in world and has world's is greatest sundari tree (Mangrove in Sunderban Delta).

Climate: The Indian climate is strongly influenced by the Himalayas and the Thar Desert, both of which drive the economically and culturally pivotal summer and winter monsoons. The Himalayas prevent cold Central Asian katabatic winds from blowing in, keeping the bulk of the Indian subcontinent warmer than most locations at similar latitudes. The Thar Desert plays a crucial role in attracting the moisture-laden south-west summer monsoon winds that, between June and October, provide the majority of India's rainfall. Four major climatic groupings predominate in India: tropical wet, tropical dry, subtropical humid, and mountain climate.

1 <https://www.weforum.org/agenda/2018/04/the-worlds-biggest-economies-in-2018/>

2 SELECTED SOCIO-ECONOMIC STATISTICS INDIA -2002 , CSO, Ministry of Statistics & PI

3 http://www.mospi.gov.in/sites/default/files/reports_and_publication/statistical_publication/social_statistics/Chapter_3.pdf

Executive Summary

A healthy population can undoubtedly contribute to economic growth and development of a country. India has made considerable progress in many health indicators. Life expectancy at birth has increased⁴, infant mortality⁵ and crude death rates⁶ have been greatly reduced, diseases such as small pox, polio and guinea worm have been eradicated, and leprosy has been nearly eliminated. The country strives towards achieving Universal Health Coverage.

India accounts for a relatively large share of the world's disease burden and is undergoing an epidemiological transition that the non-communicable diseases dominate over communicable in the total disease burden of the country. In a recent report of India Council of Medical Research (ICMR), titled India: Health of the Nation's States: The India State-Level Disease Burden Initiative(2017), it is observed that the disease burden due to communicable, maternal, neonatal, and nutritional diseases, as measured using Disability-adjusted life years (DALYs), dropped from 61 per cent to 33 per cent between 1990 and 2016. In the same period, disease burden from non-communicable diseases increased from 30 per cent to 55 per cent. The epidemiological transition, however, varies widely among Indian states: 48% to 75% for non-communicable diseases, 14% to 43% for infectious and associated diseases, and 9% to 14% for injuries.

National Health Profile (NHP), published annually since 2005, brings together all health related information in a single platform. It has six chapters covering Demographic, Socio-Economic, Health Status and Health Finance Indicators, Human Resources in Health Sector and Health Infrastructure. Importantly, it is a major source of information on various communicable and non-communicable diseases that are not covered under any other major programmes.

Population Statistics: As per Census 2011, the total population of India is 1210.8 million with a decadal growth rate of 17.7 per cent. While 31.14 per cent of the population lives in urban areas, the rest lives in rural areas. The Sex Ratio (number of females per 1000 males) in the country has improved from 933 in 2001 to 943 in 2011. In rural areas the sex ratio has increased from 946 to 949. The corresponding increase in urban areas has been of 29 points from 900 to 929. Kerala has recorded the highest sex ratio in respect of total population (1084), rural population (1078) and urban (1091). The lowest sex ratio in rural areas has been recorded in Chandigarh (690). While 28.5% population of India lies between 0-14 age group, only 8.3% are above the age of 60 years.

Vital Statistics: Estimated birth rate, death rate and natural growth rate are showing a declining trend. Estimated birth rate declined from 25.8 in 2000 to 20.4 in 2016 while the death rate declined from 8.5 to 6.4 per 1000 population over the same period. The natural growth rate declined from 17.3 in 2000 to 14 in 2016 as per the latest available information.

The SRS (2016) shows that the Total Fertility Rate – the average number of children that will be born to a woman during her lifetime – in 12 States has fallen below two children per woman and 9 States have reached replacements levels of 2.1 and above. Delhi, Tamil Nadu and West Bengal have lowest fertility among other countries. Fertility is declining rapidly, including among the poor and illiterate.

The literacy rate of the country has shown an increase of 8.2% during the decade 2001-2011. Overall literacy rate of India is 73.0% whereas for males it is 80.9% and for females it is 64.6%. Rural literacy rate is 67.8% and urban

4 SELECTED SOCIO-ECONOMIC STATISTICS INDIA -2002 , CSO, Ministry of Statistics & PI

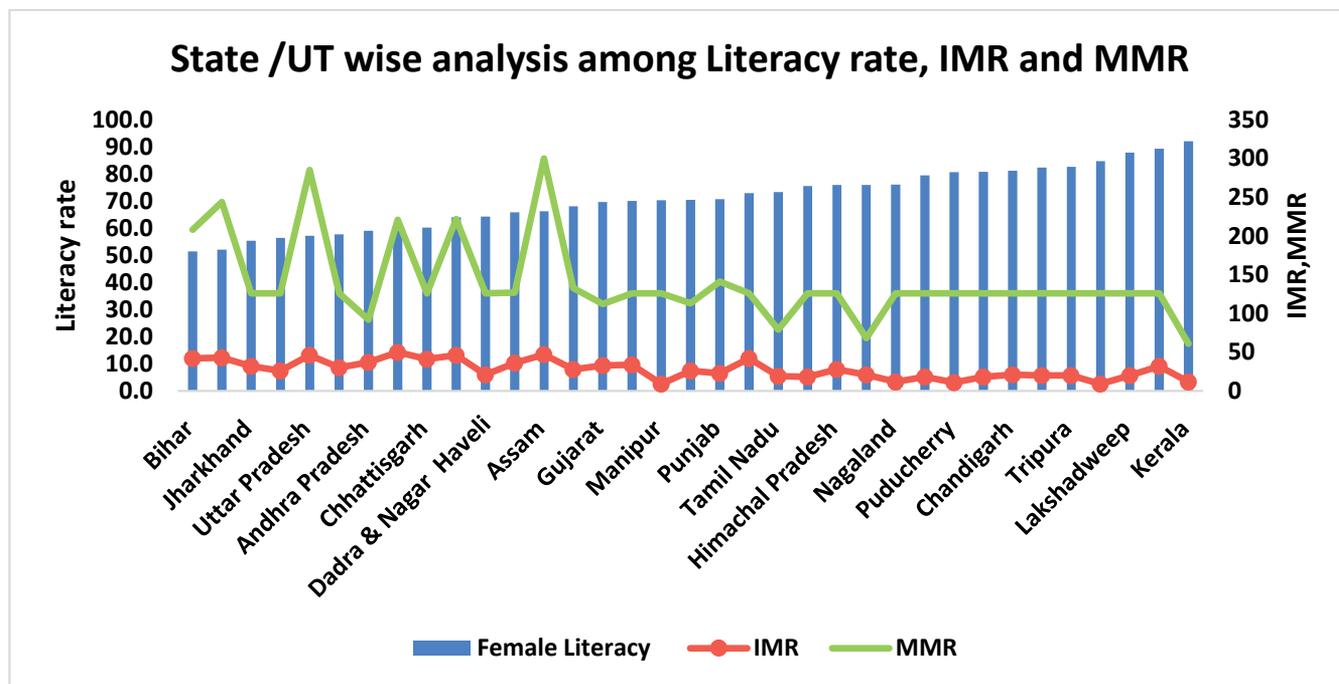
5 <https://visualize.data.gov.in/?inst=55790a6e-b5df-4323-85bc-f6c940a33988&vid=768#>

6 SRS Bulletin

literacy rate is 84.1%. The highest number of rural literates has been recorded in Uttar Pradesh (85.3 million). Maharashtra (40.1 million) has recorded the highest number of literates in urban areas.

The Maternal Mortality Ratio has shown a decrease of 11 points during 2010-12 to 2011-13. According to the latest data available maternal mortality ratio is highest for Assam i.e. 300 per 1, 00,000 live births and lowest for Kerala i.e. 61 per 1, 00,000 live births in 2011-13. Infant mortality rate (IMR) has declined considerably i.e. 37 per 1000 live births in 2015; however, there is a huge gap between IMR of rural (41 per 1000 live births) and urban (25 per 1000 live births).

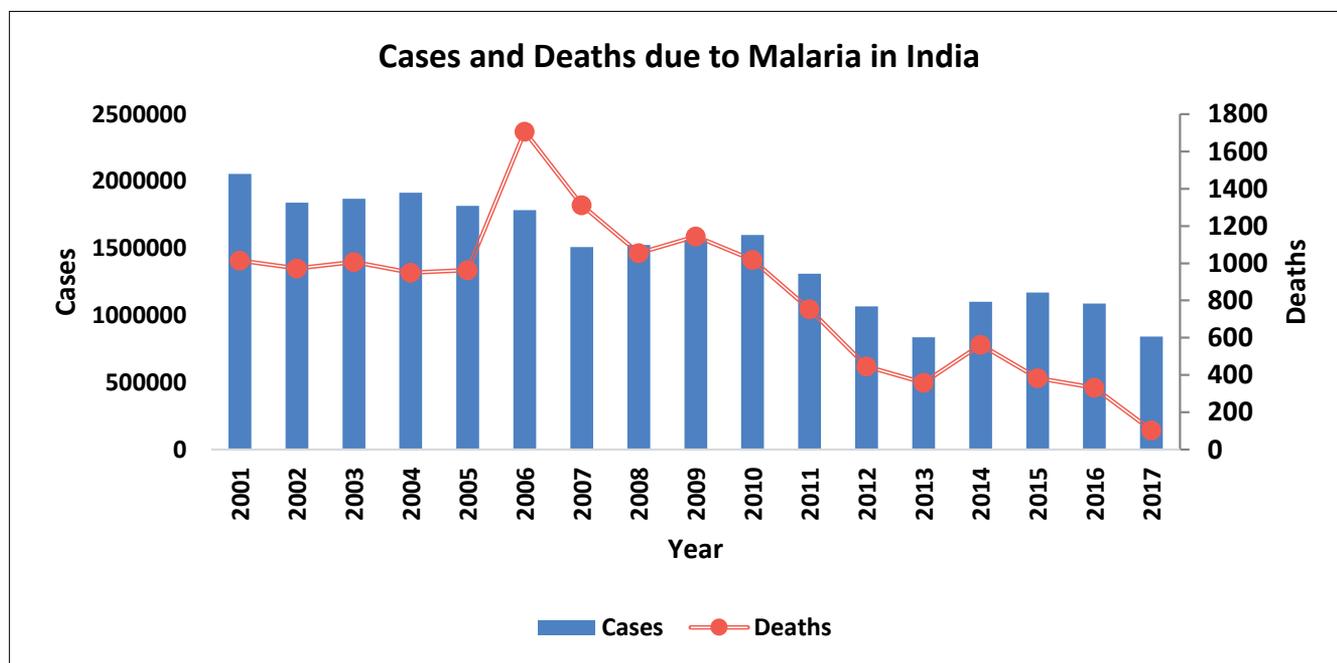
There are noteworthy improvements in health indicators such as life expectancy, infant mortality rate (IMR) and maternal mortality rate (MMR) due to increasing penetration of healthcare services across the country, extensive health campaigns, sanitation drives, increase in the number of government and private hospitals in India, improved immunisation, growing literacy etc. Initiatives such as Janani Shishu Suraksha Karyakarm, Janani Suraksha Yojana, Reproductive, Maternal, New-borns, Child and Adolescent Health Services and national programmes to curb incidences of diseases such as polio, HIV, TB, leprosy etc have played pivotal roles in improving India's health indicators. Yet, a huge disparity in the availability of healthcare resources continues to exist in India. The rural-urban divide is considerable when it comes to healthcare access. Fairly-developed states like Kerala, Maharashtra and Tamil Nadu have brought down their IMR, TFR and MMR rates and states like Assam, Jharkhand continue to grapple with these issues even today.



There are many factors which have an impact on Maternal Mortality Ratio and education level of women is one of the most important factors in reducing maternal mortality. Education enhances women's ability to access existing health care resources, including skilled attendants for childbirth, and directly leads to a reduction in her risk of dying during pregnancy and childbirth.

Immunization: India has attained significant progress in achieving immunization coverage through Universal Immunization Programme (UIP) which provides prevention against six vaccine preventable diseases. In 2013, India along with South East Asia Region, declared commitment towards measles elimination and rubella/ congenital rubella syndrome (CRS) control by 2020. MR vaccine campaign is targeted towards 410 million children across the country⁷. Mission Indradhanush aimed to fully immunize more than 90% of newborns by 2020 through innovative and planned approaches. A total of 528 districts were covered during the various phases of Mission Indradhanush⁸. India has come a long way in immunisation but has to traverse far before achieving its targets.

National health programmes, launched by the Government of India, have been playing crucial roles in tackling several serious health concerns, communicable and non-communicable diseases, over the last two decades. Malaria has been a problem in India for centuries, at one time a rural disease, diversified under the pressure of developments into various ecotypes. Both the cases reported and deaths due to malaria have come down over the years. The malarial death rate in India declined to 0.01 deaths per lakh population in 2016 from 0.10 deaths per lakh population in 2001. To achieve malaria-free country by 2027 and elimination by 2030, National Strategic Plan (NSP) 2017-22 for Malaria Elimination has been developed by National Vector Borne Disease Control Programme. For effective implementation of various elimination strategies, the focus of the programme is laid on district-level rather than State-level.



Revised National TB Control Programme (RNTCP) is another programme implemented under National Health Mission. It has achieved millennium development goals in 2015 by halting and reversing the incidence of TB. The programme was initiated with the objective of ensuring access to quality diagnosis and care for all TB patients. Several notable activities such as notification of TB; case-based, web-based recording and reporting system (NIKSHAY); standards of TB care in India; Composite indicator for monitoring programme performance; scaling up of the programmatic management of drug resistant TB services etc. were implemented in the past. NIKSHAY, the web based reporting for TB programme has enabled to capture and transfer of individual patient data from the remotest health centres of the country. In 2017, National Strategic Plan (NSP) 2017-25 for TB Elimination framework has been adopted, which provides goals and strategies for eliminating TB in India by 2030.

⁷ National operational guidelines for introduction of measles –rubella vaccine 2017

⁸ <http://www.missionindradhanush.in/about.html>

The number of patients diagnosed and registered for treatment of TB in India has reported as 1,444,175 patients were registered under RNTCP in 2017.

National Programme for Prevention and Control of NCDs objective is to integrate the non-communicable diseases (NCDs) interventions in the NRHM framework in a bid to optimise scarce resources and make provisions to ensure long term sustainability of these interventions. The NCD cell implements and supervises activities connected to health promotion, early diagnosis, treatment and referral, thereby facilitating partnership with labs for early diagnosis in the private sector. It also seeks to create and sustain a fortified monitoring and evaluation system for public health through convergence with the ongoing interventions of National Health Mission (NHM), National Tobacco Control Programme (NTCP) and National Programme for Health Care of Elderly (NPHCE).

Health Finance: The cost of treatment has been on rise in India and it has led to inequity in access to health care services. India spends only 1.02% of its GDP (2015-16) as public expenditure on health. Per capita public expenditure on health in nominal terms has gone up from Rs 621 in 2009-10 to Rs 1112 in 2015-16. The Centre: State share in total public expenditure on health was 31:69 in 2015-16. The share of Centre in total public expenditure on health has been declining steadily over the years except in 2017-18.

Health insurance in India is a growing segment. Yet, it hasn't taken off fully and several measures are needed to improve and expand insurance coverage. In the country health insurance pays for only inpatient hospitalization and for treatment at hospitals in India. In 2000 government of India liberalized insurance and allowed private players into the insurance sector. The advent of private insurers in India saw the introduction of many innovative products like family floater plans, top-up plans, critical illness plans, hospital cash and top up policies. Out of 437,457 persons covered under insurance, 79% were covered by public insurance companies, with the remaining being covered by private insurance companies.

Manpower for health services has been described as the "heart of the health system in any country". It is one of the most important aspects of healthcare systems and a critical component of health policies. In India, there is no reliable source giving the number of the members of the health workforce as more than half of the healthcare professionals work in the unorganized private sector. However, NHP has compiled detailed health manpower availability in public sector. The total number of registered Allopathic Doctors (up to 2017) is 1,041,395. There is an increasing trend in the availability of Dental Surgeons and Nurses per lakh population over the years. Number of Dental Surgeons registered with Central/State Dental Councils of India up to 31.12.2017 was 251,207. There is an increasing trend in number of Dental Surgeons registered with Central/State Dental Council of India from 2007 to 2017. Total number of registered AYUSH Doctors in India as on 01.01.2017 was 773,668.

Health infrastructure is an important indicator for understanding the health care policy and welfare mechanism in a country. It signifies the investment priority with regards to the creation of health care facilities. Infrastructure has been described as the basic support for the delivery of public health activities. Medical education infrastructure in the country has shown rapid growth during the last 20 years. The country has 476 medical colleges, 313 Colleges for BDS courses and 249 colleges which conduct MDS courses. There has been a total admission of 52,646 in 476 Medical Colleges & 27060 in BDS and 6233 in MDS during 2017-18.

There are 3215 Institutions for General Nurse Midwives with admission capacity of 129,926 and 777 colleges for Pharmacy (Diploma) with an intake capacity of 46,795 as on 31st October, 2017. There are 23,582 government hospitals having 710,761 beds in the country. 19,810 hospitals are in rural area with 279,588 beds and 3,772 hospitals are in urban area with 431,173 beds. 70% of population of India lives in rural area and to cater their need there are 156,231 Sub Centres, 25,650 Primary Health Centres and 5,624 Community Health Centres in India as on 31st March 2017.

Universal access to health care is a well-articulated goal for both global institutions and national governments. India's National Health Policy, 2017 envisions the goal of attaining highest possible level of health and well-being for all at for all ages through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without financial hardship to the citizens. Under health related Sustainable Development Goal (SDG) no. 3 (Good Health and Well-Being), a commitment towards global effort to eradicate disease, strengthen treatment and healthcare, and address new and emerging health issues has been pronounced. The gains of India in many health related indicators helped the country to make progress in achieving MDGs. More efforts, however, are required to reach the goals of Universal Health Coverage and those envisioned in SDG. Ayushman Bharat Mission, world's largest health scheme announced in the Union Budget 2018-19, is the latest initiative for expanding the health insurance net and targets 10 crore poor and deprived rural families.