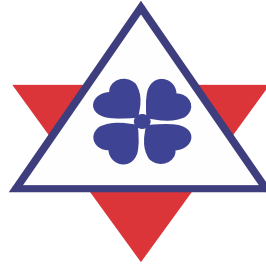




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**CBHI**



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*WHO Collaborating Centre on Family of  
International Classifications (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.

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Government of India



## Message

It gives me immense pleasure to know that Central Bureau of Health Intelligence (CBHI) under Directorate-General of Health Services, Union Ministry of Health & Family Welfare, is releasing its annual publication, 'National Health Profile' which provides comprehensive information related to health sector. The information in health sector is widely scattered among different sources and it is very difficult to get all the relevant information at one place. This publication is impeccable in the sense that planners, policy makers, health administrators and research workers could get comprehensive and relevant information for planning and decision making related to health sector at one podium. Data is indispensable part of governance and as such incorporation of updated information from this publication in policy making would certainly contribute to the improvement of health services in the country.

CBHI and its entire team members associated with this publication deserve appreciation for their painstaking efforts in methodically compiling such vast information in an effective manner. I congratulate CBHI for their commendable job and would like to see them achieving new heights in their future accomplishments.

(Jagat Prakash Nadda)

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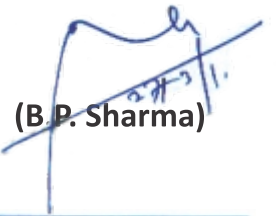
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## MESSAGE

It is my pleasure to present “National Health profile 2016”, the annual publication of the Central Bureau of Health Intelligence. The publication Provides the vital information on all major health sector related indicators 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 Classification in India and South-East Asia.

I take this opportunity to applaud all contributors involved, especially the team of Central Bureau of Health Intelligence, for their painstakingly meticulous work in compiling such a huge database which will act as a useful reference document for policy makers, planners, administrators, managers, researchers and academicians involved with health sector development in India.

  
(B.P. Sharma)

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## FOREWORD

The Central Bureau of Health Intelligence (CBHI) has been releasing its annual publication "National Health Profile (NHP)" on a regular basis since the calendar year 2005. It involves prolonged, systematic and genuine efforts to collect and collate 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 short comings of the data are also indicated.

This 11th edition of NHP includes updated information sourced from several National Programmes and various Ministries. Tables on Fluoride and Arsenic affected habitations are also being introduced from this issue.

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, efficient and well-run health system in India.

I would like to applaud and hold the entire team of officers & staff of CBHI, led by its director in great esteem for well-timed publication of this 11th Issue of National Health Profile.

The ideas for further improvement of this publication will be highly appreciated and may kindly be shared with CBHI (Dte. GHS), Government of India.

(Dr. Jagdish Prasad)



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## From the Director's desk

A robust Health Management Information System which can provide credible and updated health database is vital for health system policy development, implementation, governance and regulation, health research, human resources development, health education and training, service delivery and financing and hence, is the foundation of decision-making across all health system building blocks. In order to achieve one of its objectives, Central Bureau of Health Intelligence collects data from the health and other relevant sectors, ensuring their overall quality, Relevance and timeliness, and converts this data into information for stake holders. In continuation of its annual series of "National Health Profile" (NHP) - 2016, date is compiled on demographic, socio-economic, health status, health financing indicators and also comprehensive information on health infrastructure and human resources in health sector in India. Efforts have been made to be more informative and analytical with the latest data. This time CBHI has come out with a pamphlet which is a snapshot of all six indicators.

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, NITI Ayog, Indian Council of Medical Research, Medical, Nursing and Dental Councils of India, IRDA and different related union ministries in providing updated information for this important publication. It is really heart-warming to see all these contributions.

We have excellent cohort of staff at CBHI head quarter and at each field survey units who have done a wonderful work in data compilation and preparation of analytical write up of publication that need special mention.

I appreciate the time and effort that have been devoted by the different contributors and would like to thank them all. As always, suggestions and criticisms towards improving the National Health Profile and been very encouraging in the past. We welcome such continuous support in future from our stakeholders.

Last but not the least; we would like to express our deepest gratitude to our seniors for their keen interest and support.

The printed edition of this book is revised, updated and published every year. The e-Book is also uploaded on our website [www.cbhidghs@nic.in](http://www.cbhidghs@nic.in)

(Dr. Madhu Raikwar)



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## ABBREVIATIONS

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

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

# National Health Profile 2016

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## India: Country Overview



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

India officially the Republic of India (Bhārat Ganrājya), is a country in South Asia. It is the seventh-largest country by area, the second-most populous country with over 1.2 billion people, and the most populous democracy in the world.

With 1.2 billion people and the world's fourth-largest economy, India's recent growth and development has been one of the most significant achievements. Over the six and half decades since independence, the country has brought about a landmark agricultural revolution that has transformed the nation from chronic dependence on grain imports into a global agricultural powerhouse that is now a net exporter of food. Life expectancy has more than doubled, literacy rates have quadrupled, health conditions have improved, and a sizeable middle class has emerged. India is now home to globally recognized companies in pharmaceuticals and steel and information and space technologies, and a growing voice on the international stage that is more in keeping with its enormous size and potential.

**Location:** The original Indian plate survives as peninsular India, the oldest and geologically most stable part of India. It extends as far north as the Satpura and Vindhya ranges in central India. These parallel chains run from the Arabian Sea coast in Gujarat in the west to the coal-rich Chota Nagpur Plateau in Jharkhand in the east. To the south, the remaining peninsular landmass, the Deccan Plateau, is flanked on the west and east by coastal ranges known as the Western and Eastern Ghats; the plateau contains the country's oldest rock formations, some over one billion years old. Constituted in such fashion, India lies to the north of the equator between 6° 44' and 35° 30' north latitude[e] and 68° 7' and 97° 25' east longitude.

**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 Pakistan to the west; China, Nepal, and Bhutan to the north-east; and Burma (Myanmar) and Bangladesh to the east. In the Indian Ocean, India is in the vicinity of Sri Lanka and the Maldives; in addition, India's Andaman and Nicobar Islands share a maritime border with Thailand and Indonesia.

**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 ranges varying from 460 to 1,220 meters in height. 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 and 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.

Historic changes are unfolding, unleashing a host of new opportunities to forge a 21st-century nation. India will soon have the largest and youngest workforce the world has ever seen. At the same time, the country is in the midst of a massive wave of urbanization as some 10 million people move to towns and cities each year in search of jobs and opportunity. It is the largest rural-urban migration of this century. These changes have placed the country at a unique juncture. How India develops its significant human potential and lays down new models for the growth of its burgeoning towns and cities will largely determine the shape of the future for the country and its people in the years to come.



## Executive Summary

Any appraisal of the health status of a nation must be done against the backdrop of its population. Presently, we are 1.21 billion and our population is growing at a decadal growth rate of about 17.70% (source RGI). With only 2.4 per cent of the world land area, India has to support 17.84% of the total world population. And this galloping growth in population is the most important determinant of all aspects of our national wellbeing including health. However, with 1.21 billion people and the world's fourth-largest economy, India's recent growth and development has been one of the most significant achievements of our times. Life expectancy has doubled and infant mortality and crude death rates have been greatly reduced. Some diseases, such as small pox, Polio and guinea worm have been eradicated. Others, such as leprosy has been nearly eliminated. And India's doctors and hospitals are increasingly receiving recognition for the quality of care they provide. Nevertheless, India faces considerable challenges. The country accounts for a relatively large share of the world's disease burden.

The biggest challenge for India is the dual fight of containing a 'developing' country's health concerns while a flare-up of 'developed' world disorders are at its doorstep. On one hand India is combating basic health concerns such as malnutrition, low immunization rates, hygiene, sanitation, and infectious diseases. On the other hand, environmental pollution and lifestyle choices such as alcohol consumption, smoking, and high fat diet are set to increase the incidence rates of, cardiovascular disease, diabetes chronic obstructive pulmonary diseases and cancer to almost epidemic levels. communicable diseases, like tuberculosis, malaria, kala-azar, dengue fever, chikungunya and other vector borne diseases, and water-borne diseases like cholera, diarrhoeal diseases, leptospirosis etc, continue to be a major public health problem in India. In fact, diarrhoeal diseases, respiratory infections, tuberculosis and malaria cause about one quarter of all deaths in the country. In addition, there is always a threat of new emerging and re-emerging infectious diseases like Ebola virus, Avian Influenza, SARS, novel H1N1 Influenza virus etc. Thus, due to industrialization and the persisting inequality in health status between and within States/UTs (due to varying economic, social causes), the developing countries like India currently face a “Triple burden of diseases”- Unfinished agenda of Communicable Diseases, Emerging Non-Communicable Diseases related to lifestyles and Emerging Infectious Diseases.

An updated and credible health database is an important and necessary part of healthcare. Central Bureau of Health Intelligence (CBHI) tries to capture all health related data by publishing National Health Profile (NHP) annually since 2005, to put forward sound and reliable information. This information 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.

NHP has six chapters on various indicators i.e. Demographic, Socio-Economic, Health Status and Health Finance Indicators, Human Resources in Health Sector and Health Infrastructure. And it also provides information about CBHI - its organization, major activities and its training centres and contains a list of important dates related to Health Sector. NHP is a major source of information about Diseases that are not covered under any other major programme (Communicable and Non Communicable Diseases).

India is a vast South Asian country with diverse terrain – from Himalayan peaks to Indian Ocean coastline. India adds more people to its population every year than any other country. Between the 2001 and 2011 censuses India grew by 181 million people, nearly the entire population of Pakistan. India will have overtaken China as the world's largest country by 2025, when it is projected to have a population of 1.44 billion. By 2050,

the population will have swelled to 1.65 billion. As per Census 2011, the total population of India is 1210.6 million at 0.00 hours of 1st March 2011. Of this, rural population is 833.5 million and urban population is 377.1 million. In absolute numbers, out of the total increase of 182 million added in the last decade, the contribution of rural and urban areas is equal (91.0 million each). Uttar Pradesh has the largest rural population of 155.3 million (18.6% of the country's rural population) whereas Maharashtra has the highest urban population of 50.8 million (13.5% of country's urban population) in the country.

Sex Ratio (Number of females per 1,000 males): The Sex Ratio in the country which was 933 in 2001 has increased by 10 points 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). The corresponding value in urban areas has been returned in Daman & Diu (551). Seven States namely Jammu & Kashmir, Himachal Pradesh, Uttarakhand, Bihar, Jharkhand, Chhattisgarh, Maharashtra, and one Union Territory (UT) Lakshadweep show fall in the sex ratio in rural areas. Two UTs namely Daman & Diu and Dadar & Nagar Haveli has shown the similar trend in urban area.

As per Census 2011, the child population in the age group of 0-6 years stands at 164.5 million. Of this, 121.3 million were in rural areas and 43.2 million in urban areas. 28.5% population of India lies between 0-14 age group while only 8.3% are above the age of 60 years.

There have been 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 – born, Child and Adolescent Health Services; and national programmes to curb incidences of diseases such as polio, HIV, TB, leprosy etc have also 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.

Estimated birth rate, death rate and natural growth rate are showing a declining trend. Estimated birth rate declined from 25.8 in 2000 to 21.4 in 2013 while the death rate declined from 8.5 to 7.0 per 1000 population over the same period. The natural growth rate declined from 17.3 in 2000 to 14.4 in 2013 as per the latest available information.

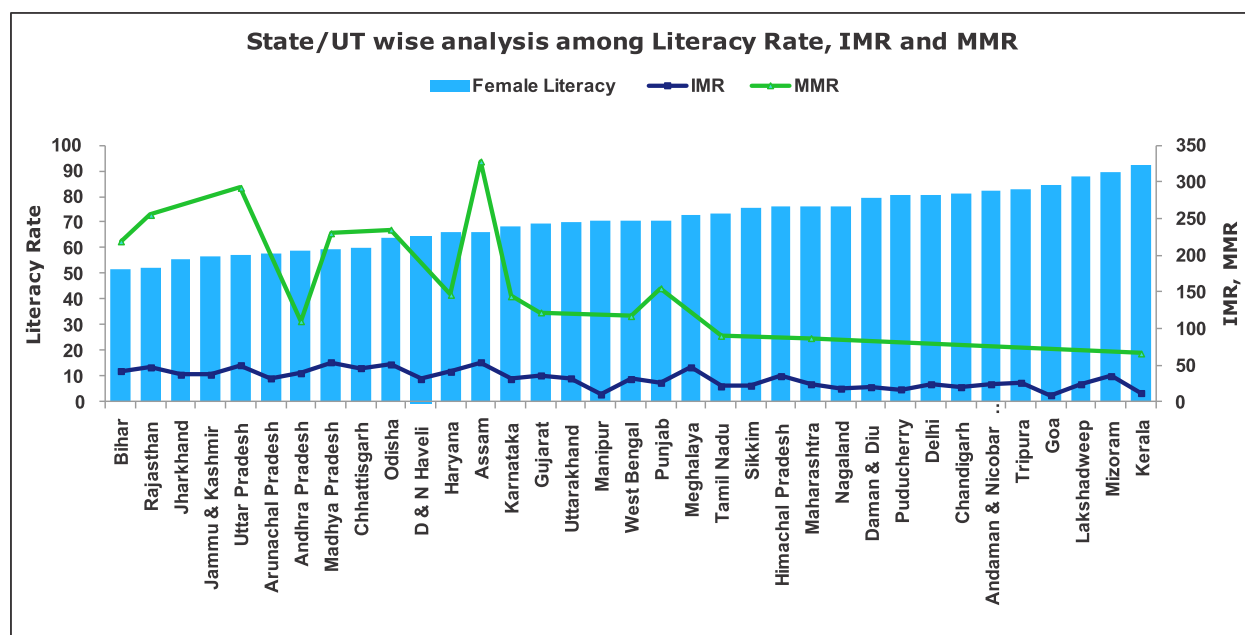
The SRS (2013) shows that the Total Fertility Rate – the average number of children that will be born to a woman during her lifetime – in ten States has fallen below two children per woman and ten States have reached replacements levels of 2.1 and above. West Bengal now has India's lowest fertility, with the southern States, Jammu & Kashmir, Punjab and Himachal Pradesh. Among backward States, Odisha too has reduced its fertility to 2.1. At 2.3, India is now just 0.2 points away from reaching replacement levels. 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 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. 40 per 1000 live births in 2013; however, there is a huge gap between IMR of rural (44 per 1000 live births) and urban (27 per 1000 live births).

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.

Mission Indradhanush an initiative by Ministry of health & FW provides protection against seven life-threatening diseases. In addition, vaccination against Japanese Encephalitis and Haemophilus influenza type B will be provided in select districts of the country. Vaccination against tetanus will also be provided to pregnant women. These measures have helped improve immunisation coverage to a great extent. The programme is being expanded and implemented at full throttle to achieve the target of full coverage by 2020. It seeks to accelerate the process of immunisation by covering five per cent and more children every year. Thus, India has come a long way in immunisation but has to traverse far before achieving its targets.

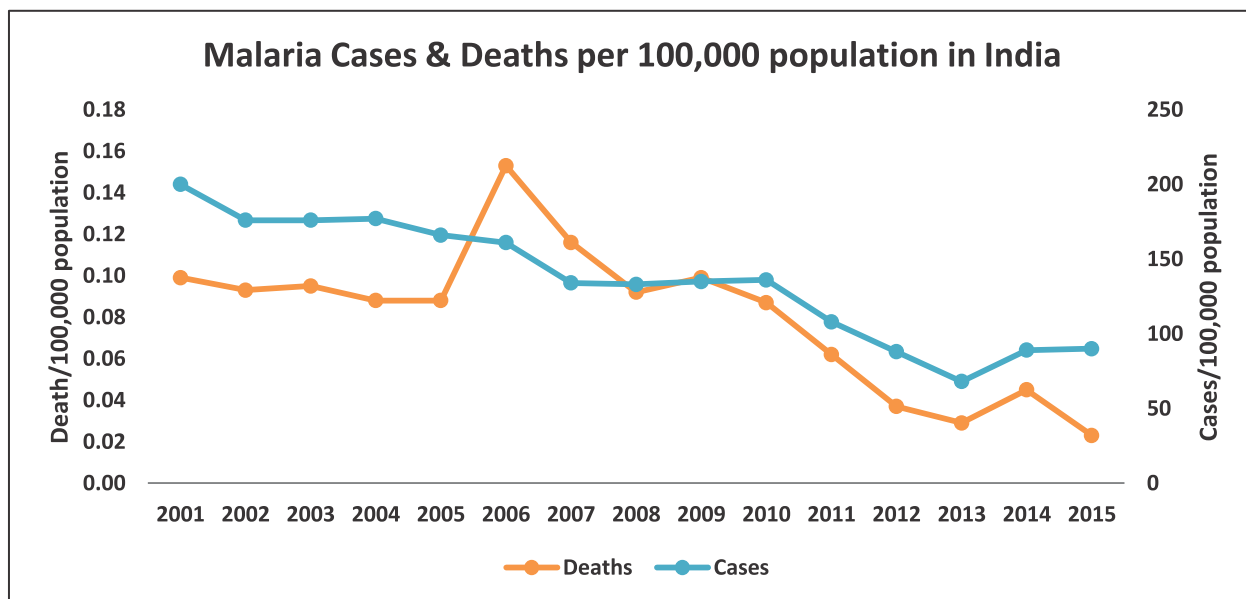


National health programmes, launched by the Government of India, have been playing crucial roles in tackling several serious health concerns, communicable and non-communicable diseases, over the last two decades. They have helped handle increasing disease burdens of emerging and re-emerging diseases such as drug-resistant TB, malaria, AIDS and leprosy with considerable success. Some of them saw accelerated progress in the last two decades and have helped improve the healthcare facilities to the underserved.

World Malaria Day on April 25 has just gone by, and it is important not to forget that India's battle with malaria is far from over. Malaria has been a problem in India for centuries, at one time a rural disease, diversified under the pressure of developments into various ecotypes. In 2015, maximum numbers of Malaria cases have been registered in Odisha (4,32,375) while maximum number of deaths has been reported from



Meghalaya (79). The overall prevalence of the disease has increased slightly from 2013 to 2014. The malaria cases were brought down from 2,031,790 cases in 2000 to 1,816,569 cases in 2005 and further brought down to 8,81,730 cases in 2013. But it starts increasing from 1,102,205 in 2014 to 1,126,661 in 2015. The malaria death rate in the country was 0.10 deaths per lakh population in 2001 which has come down to 0.02 deaths per lakh population in 2015.



The Revised National Tuberculosis Control Programme was initiated with the objective of ensuring access to quality diagnosis and care for all TB patients. Several notable activities were implemented under this programme in 2012 to improve its efficacy. These included 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. NIKSHAY, the web based reporting for TB programme has enabled capture and transfer of individual patient data from the remotest health centres of the country. The number of patients diagnosed and registered for treatment of TB in India has reported as 113 per one lakh population in 2015.

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).

Increased use of technology in diagnostics and treatment of diseases, together with the rising knowledge and expectations of the population regarding therapeutic measures, has led to an increase in the cost of treatment. This increase in health care cost in turn has led to inequity in access to health care services. In India, 1.12% of the GDP is spent on public expenditure on health. Out-of-pocket (OOP) medical expenditure incurred during 2011-12 was Rs. 146 per capita per month for urban and Rs. 95, for rural India. Over 60% of the total OOP health expenditure is on medicines, both in rural and urban India in 2011-12. In recent years

India's public spending on health has increased to nearly 15% of the total health-related costs of its citizenry – which is still lower than sub-Saharan Africa (40%) and affluent Europe (75%). Per capita public expenditure on health in nominal terms has gone up from Rs 621 in 2009-10 to Rs 913 in 2013-14. The Centre: State share in total public expenditure on health was 34:66 in 2013-14. The share of Centre in total public expenditure on health has been declining steadily over the years.

Health insurance in India is a growing segment of India's economy. Yet, it is yet to take off fully and several measures are needed to improve and expand insurance coverage. Health insurance, in India, 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. Still overall, 74% of all persons covered with insurance fall under Government sponsored schemes. Of these, 74% 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 the healthcare professionals work in the unorganized private sector. However, NHP has compiled detailed health manpower availability in public sector. The total number of Allopathic Doctors registered (up to 2015) were 9,60,233. There is an increasing trend in the availability of Allopathic Medical Practitioners, Dental Surgeons and Nurses per lakh population over the years. Number of Dental Surgeons registered with Central/State Dental Councils of India up-to 31.12.2015 was 1,56,391. There is an increasing trend in number of Dental Surgeons registered with Central/State Dental Council of India from 2007 to 2015. Total number of registered AYUSH Doctors in India as on 01.01.2015 was 7,44,563.

**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 438 medical colleges, 308 Colleges for BDS courses and 240 colleges which conduct MDS courses. There has been a total admission of 53922 in 438 Medical Colleges & 26530 in BDS and 5866 in MDS during 2015-16.

There are 2958 Institutions for General Nurse Midwives with admission capacity of 118406 and 735 colleges for Pharmacy (Diploma) with an intake capacity of 44065 as on 31<sup>st</sup> March, 2015. There are 19653 government hospitals having 754724 beds in the country. 15818 hospitals are in rural area with 216793 beds and 3835 hospitals are in urban area with 537931 beds. 70% of population of India lives in rural area and to cater their need - There are 153655 Sub Centres, 25308 Primary Health Centres and 5396 Community Health Centres in India as on March 2015.

In summary, there has been progress in the health status in India. However, there is much to be done and a continuous focus on public health is critical and paramount for India to attain an acceptable quality of life for all its citizens. As is the case with other public concerns, India's historical and regional variability adds to the difficulty of under-diagnosis and under-treated health concerns of its citizens. Technology has changed the way we lead our lives. In the last two decades, advent of technology has also been transforming healthcare delivery. Whether, it is patient interaction, treatment, diagnostics or research, technological innovations have given medical providers new tools to look at the disease and treat the patients more effectively. It would help India achieve the goal of 'Health for All' sooner or later but it will.