



Home Office

Country Policy and Information Note

India: Medical and healthcare provision

Version 1.0

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Preface

Purpose and use

This note provides country of origin information (COI) for decision makers handling cases where a person claims that to remove them from the UK would be a breach of Articles 3 and/or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition.

It is not intended to be an exhaustive survey of healthcare in India.

Country of origin information

The country information in this note has been carefully selected in accordance with the general principles of COI research as set out in the [Common EU \[European Union\] Guidelines for Processing Country of Origin Information \(COI\)](#), dated April 2008, and the Austrian Centre for Country of Origin and Asylum Research and Documentation's (ACCORD), [Researching Country Origin Information – Training Manual, 2013](#). Namely, taking into account the COI's relevance, reliability, accuracy, balance, currency, transparency and traceability.

The structure and content of the country information section follows a [terms of reference](#) which sets out the general and specific topics relevant to this note.

All information included in the note was published or made publicly available on or before the 'cut-off' date in the country information section. Any event taking place or report/article published after this date is not included.

All information is publicly accessible or can be made publicly available, and is from generally reliable sources. Sources and the information they provide are carefully considered before inclusion.

Factors relevant to the assessment of the reliability of the sources and information include:

- the motivation, purpose, knowledge and experience of the source
- how the information was obtained, including specific methodologies used
- the currency and detail of information, and
- whether the COI is consistent with and/or corroborated by other sources.

Multiple sourcing is used to ensure that the information is accurate, balanced and corroborated, so that a comprehensive and up-to-date picture at the time of publication is provided of the issues relevant to this note.

Information is compared and contrasted, whenever possible, to provide a range of views and opinions. The inclusion of a source, however, is not an endorsement of it or any view(s) expressed.

Each piece of information is referenced in a brief footnote; full details of all sources cited and consulted in compiling the note are listed alphabetically in the [bibliography](#).

MedCOI

Project MedCOI is an Asylum and Migration Integration Fund (AMIF) financed project to obtain medical country of origin information. The project currently allows 11 European Union member states plus the UK, Norway and Switzerland to make use of the services of the 'MedCOI' team in the Netherlands and Belgium. The MedCOI team makes enquiries with qualified doctors and other experts working in countries of origin. The information obtained is reviewed by the MedCOI team, which includes medical doctors, before it is forwarded to the relevant COI Service.

The Belgian Desk on Accessibility (BDA) of the Immigration Office in Belgium forms part of Project MedCOI.

Feedback

Our goal is to continuously improve our material. Therefore, if you would like to comment on this note, please email the [Country Policy and Information Team](#).

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Assessment

Updated: 11 September 2020

Guidance on medical claims

For general guidance on considering cases where a person claims that to remove them from the UK would be a breach Articles 3 and / or 8 of the European Convention on Human Rights (ECHR) because of an ongoing health condition, see the instruction on [Human rights claims on medical grounds](#).

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Country information

Section 1 updated: 1 September 2020

1. Structure of the healthcare system

1.1 Role of the central (Union) government

1.1.1 The Indian Journal of Medical Ethics noted in 2003:

'Article 21 of the Constitution guarantees protection of life and personal liberty to every citizen. The Supreme Court has held that the right to live with human dignity, enshrined in Article 21, derives from the directive principles of state policy and therefore includes protection of health. Further, it has also been held that the right to health is integral to the right to life and the government has a constitutional obligation to provide health facilities.

'Failure of a government hospital to provide a patient timely medical treatment results in violation of the patient's right to life.'¹

1.1.2 India comprises 36 States and 'Union Territories'². Each of the state and union territory governments is responsible for organising and delivering public health services to its residents³. The central government of India is responsible for international health treaties, medical education, quality control in drug manufacturing, national disease control and family planning programmes⁴. It also sets national health policy^{5 6}.

1.1.3 [Medical Acts and Rules](#) regulate health care and pharmaceuticals in India⁷.

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1.2 Public (state) sector

1.2.1 The healthcare system is organised into primary, secondary, and tertiary levels⁸. At the primary level are Sub Centres and Primary Health Centres (PHCs). At the secondary level are Community Health Centres (CHCs) and smaller Sub-District hospitals⁹. The top level of public care provided by the government, the tertiary level, consists of Medical Colleges and District/General Hospitals¹⁰.

1.2.2 **Sub-Centres:** A sub-centre is designed to serve remote rural areas with the expenses fully covered by the national government¹¹. Mandates require health staff to be at least 2 workers (male and female) to serve a population

¹ Indian Journal of Medical Ethics, Vol 11, No 4, '[The fundamental right to health care](#)', 2003

² Maps of India, '[Indian states and Union Territories](#)', 2020

³ The Commonwealth Fund, IHCSP, '[India](#)', 5 June 2020

⁴ The Commonwealth Fund, IHCSP: India, '[The Indian Health Care System](#)' (p77), May 2017

⁵ The Commonwealth Fund, IHCSP: India, '[The Indian Health Care System](#)' (p77), May 2017

⁶ Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

⁷ Medline India, '[Medical Acts and Rules](#)', n.d

⁸ Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

⁹ Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

¹⁰ Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

¹¹ Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

of 5,000 people (or 3,000 in more difficult to reach areas)¹². Sub-centres also work to educate rural people about healthy habits for a more long-term impact¹³.

- 1.2.3 **Primary Health Centres (PHCs):** Primary Health Centres exist in rural areas with populations of 30,000 or more (20,000 in difficult-to-reach areas) and serve as larger health clinics staffed with doctors and paramedics¹⁴. Patients can be referred from local sub-centres (SCs) to PHCs for more complex cases¹⁵. State governments fund PHCs, not the national government¹⁶. PHCs also function to improve health education with a larger emphasis on preventative measures¹⁷.
- 1.2.4 The central government has embarked on a programme to transform 150,000 sub-health centres (SCs) and primary health centres (PHCs) into 'Ayushman Bharat' **Health and Wellness Centres (AB-HWCs)** by December 2022. As of September 2019, 20,942 AB-HWCs had been made operational across the country¹⁸. As of 2019, the SCs and PHCs met only 20% of health care needs and provided services limited to reproductive, maternal, new-born, child and adolescent health (RMNCH+A) and some communicable disease management¹⁹. Under the Health and Wellness Centre initiative, it is intended to upgrade SCs and PHCs to handle noncommunicable diseases like cancer, diabetes and respiratory diseases, mental illnesses and other chronic diseases²⁰. Health and Wellness Centres will also provide a wider range of free drugs and diagnostics, services related to elderly care, oral health, ear, nose and throat (ENT) care, eye care and basic emergency care²¹.
- 1.2.5 **Community Health Centres:** A Community Health Centre is also funded by state governments and accepts patients referred from Primary Health Centres²². It serves 120,000 people in urban areas or 80,000 people in rural areas. Patients from CHCs can be transferred to general hospitals for further treatment²³. Thus, CHC's are also first referral units, and are required to have obstetric care, new born/childcare, and blood storage capacities at all hours everyday of the week²⁴.
- 1.2.6 **District Hospitals:** District Hospitals are referral centres for the primary and secondary levels of the public health system²⁵. In 2019 there were 734 district hospitals, 200 of which had more than 300 beds²⁶.

¹² Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

¹³ Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

¹⁴ Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

¹⁵ Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

¹⁶ Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

¹⁷ Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

¹⁸ Economic Times, '[Over 20,000 Health and Wellness centres...](#)', 13 September 2019

¹⁹ Columbia Univ., Bajpai, N., and Wadhwa, M., '[Health and Wellness Centres...](#)', July 2019

²⁰ Columbia Univ., Bajpai, N., and Wadhwa, M., '[Health and Wellness Centres...](#)', July 2019

²¹ Columbia Univ., Bajpai, N., and Wadhwa, M., '[Health and Wellness Centres...](#)', July 2019

²² Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

²³ Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

²⁴ Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

²⁵ Journal of Perinatology, Chokshi, M., et al, '[Health systems in India](#)', 7 December 2016

²⁶ The Lancet, Sharma D.C., '[Fears over plan to privatise India's district hospitals](#)', 25 January 2020

- 1.2.7 **Medical colleges (teaching hospitals) and research institutions:** [All India Institutes of Medical Sciences \(AIIMS\)](#) are owned and controlled by the central government. AIIMS institutes are teaching hospitals with specialised facilities^{27 28}. As of October 2020, 15 AIIMS institutes were operating and 8 more were expected to be established by 2025. Those in operation were situated in New Delhi, Bhopal (state of Madhya Pradesh), Bhubaneswar (Odisha), Jodhpur (Rajasthan), Patna (Bihar), Raipur (Chhattisgarh), Rishikesh (Uttarakhand), Raebareli (Uttar Pradesh), Mangalagiri (Andhra Pradesh), Nagpur (Maharashtra), Gorakhpur (Uttar Pradesh), Bhatinda (Punjab), Bibinagar (Telangana), Kalyani (West Bengal) and Deoghar (Jharkhand). Aside from AIIMS institutes, state medical colleges are controlled by the respective state and union territory governments and also function as referral hospitals²⁹.

See also [Affordability and health insurance schemes](#) for information on accessibility to healthcare.

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1.3 Private sector

- 1.3.1 Lack of capacity and perceived poor quality care in public facilities has resulted in the the growth of private health-care systems and a continuous and steady expansion of private health-care services^{30 31}. Most private health-care providers are concentrated in urban India, providing secondary and tertiary care health-care services³².

- 1.3.2 The website of Apollo Hospitals in India gives an indication of the depth of services available at larger private hospitals, for example:

- [‘\[Apollo\] Hospitals in India’](#)
- [‘Indraprastha Apollo Hospitals’, Delhi](#)
- [‘Apollo Hospitals, Bangalore’](#)
- Apollo Hospitals, Delhi: [‘Specialities & Treatment’](#)
- Apollo Hospitals, Delhi: [‘Orthopaedic surgery’](#)

See also [Affordability and health insurance schemes](#) for information on accessibility to healthcare.

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1.4 Community health workers

- 1.4.1 The Indian government first began to implement a community health worker programme in 1977³³. By 2015 there were about 700,000 community health

²⁷ Gupta S.K. et al., [‘Public Hospital Governance in India’](#), 2013

²⁸ AIIMS Bhopal, ([website](#)), n.d

²⁹ CollegeDekho.com, [‘List of AIMS colleges in India 2020’](#), 10 July 2020

³⁰ Journal of Perinatology, Chokshi, M., et al, [‘Health systems in India’](#), 7 December 2016

³¹ The Commonwealth Fund, IH CSP: [‘India’](#), 5 June 2020

³² Journal of Perinatology, Chokshi, M., et al, [‘Health systems in India’](#), 7 December 2016

³³ Leslie, c., [‘India’s Community Health Workers scheme: a sociological analysis’](#), October 1989

volunteers across the country³⁴. Community health workers provide advice and support in the community³⁵. Formally called Accredited Social Health Activists (ASHAs), they promote public health measures mainly by leading participatory groups³⁶.

- 1.4.2 This grassroots intervention strategy often involves partnerships with local hospitals³⁷ ³⁸. Community health workers are not government employees, but volunteers that each state government is responsible for training and financially incentivising³⁹ ⁴⁰.

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1.5 Traditional and complementary medicine

- 1.5.1 The Indian Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (abbreviated as AYUSH), established in 2014, is purposed with developing education, research and propagation of indigenous alternative medicine systems in India. Further information available at the [Ministry of AYUSH](#)⁴¹ and the [National Health Portal Of India](#)⁴².

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1.6 Pharmaceuticals

- 1.6.1 The India Brand Equity Foundation (IBEF) noted in June 2020:

‘India is the largest provider of generic drugs globally. The Indian pharmaceutical sector supplies over 50 per cent of global demand for various vaccines, 40 per cent of generic demand in the US and 25 per cent of all medicines in the UK.

‘The country also has a large pool of scientists and engineers... Presently, over 80 per cent of the antiretroviral drugs used globally to combat [HIV] are supplied by Indian pharmaceutical firms.

‘India’s domestic pharmaceutical market turnover reached US \$20 billion in 2019, up 9.8 per cent year-on-year from ...2018.’⁴³

- 1.6.2 Medications on the most recent [Essential Drugs List](#)⁴⁴ are free of charge in public health facilities, though there were sometimes shortages, while other prescription drugs are purchased (out-of-pocket) by the patient from private pharmacies⁴⁵.

- 1.6.3 The website MedLine India provides a [search facility](#) for generic drugs currently available in India, and gives details of the pharmaceutical

³⁴ Journal of Health, Population and Nutrition, ‘[Assessment of ‘Accredited...’](#), March 2015

³⁵ Devex, Bader, M., ‘[The backbone of India’s health care system...’](#), 17 September 2018

³⁶ Journal of Health, Population and Nutrition, ‘[Assessment of ‘Accredited...’](#), March 2015

³⁷ Devex, Bader, M., ‘[The backbone of India’s health care system...’](#), 17 September 2018

³⁸ Leslie, c., ‘[India’s Community Health Workers scheme: a sociological analysis](#)’, October 1989

³⁹ International Health Policies, ‘[India’s community health worker programme](#)’, 3 June 2015

⁴⁰ Devex, Bader, M., ‘[The backbone of India’s health care system...’](#), 17 September 2018

⁴¹ Govt. of India: Ministry of AYUSH, ‘[AYUSH Systems](#)’, n.d

⁴² National Health Portal of India, ‘[AYUSH](#)’, n.d

⁴³ IBEF, ‘[Indian Pharmaceutical Industry](#)’, June 2020

⁴⁴ WHO, ‘[National List of Essential Medicines of India](#)’, 2011

⁴⁵ The Commonwealth Fund, IH CSP: India, ‘[The Indian Health Care System](#)’ (pp77-78), May 2017

companies in India that supply each medicine and the brand names under which it is marketed⁴⁶. The same source carries contact details for [pharmaceutical companies](#) in India, including the Indian addresses of multinational companies⁴⁷.

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Section 2 updated: 1 September 2020

2. Affordability and health insurance schemes

2.1 State (public) sector

- 2.1.1 On behalf of the Commonwealth Fund, Gupta and Bhatia observed in a study of the Indian Health Care System in 2017: 'In principle, all services at government facilities, including preventive and primary care, diagnostic services, and outpatient and inpatient hospital care, are delivered free of charge. In practice, severe shortages of staff and supplies limit access to care ... More than 63 million Indians are faced with impoverishment every year because of catastrophic health care costs.'⁴⁸
- 2.1.2 According to the International Health Care System (IHCS) Profiles, out-of-pocket health care spending – per capita – amounted to US \$136 [£105⁴⁹] in 2017⁵⁰.
- 2.1.3 Medicines are available either free of charge or at subsidised prices at public hospitals; the degree of subsidisation varies to an extent from state to state⁵¹. In the State of Punjab, for example, medications for outpatients are provided at a subsidized rate. Inpatient medications are free if they are available in the pharmacy attached to the public hospital or participating private hospital⁵². In private facilities, medication must be paid for by the patient⁵³.
- 2.1.4 The AIIMS hospital in New Delhi provided [treatment costs](#) in its website, accessed 28 August 2020⁵⁴. (As noted [above](#), AIIMS institutes are multidisciplinary teaching hospitals at which treatment costs are subsidized; as of January 2020, AIIMS institutes had been established in 15 locations throughout India.) At AIIMS New Delhi, **outpatient** registration, valid for one calendar year, is Rs.10⁵⁵ (equivalent to about 10 pence⁵⁶). **Inpatients** are charged Rs.35 a day (about 36 pence⁵⁷) and there is an initial admission fee of Rs.25; so a 10 day stay in a General ward would cost Rs.375/- (Rs.35 per day for 10 days + Rs.25 admission charges)⁵⁸. These charges are inclusive

⁴⁶ Medline India, '[Medicines A - Z \(Generic\)](#)', n.d

⁴⁷ Medline India, '[List of pharmaceutical companies](#)', n.d

⁴⁸ The Commonwealth Fund, IHCS: India, '[The Indian Health Care System](#)' (pp77-78), May 2017

⁴⁹ Xe.com, '[exchange rate on 1 September 2017](#)'

⁵⁰ The Commonwealth Fund, IHCS, '[India](#)', 5 June 2020

⁵¹ MedCOI, 14 April 2020

⁵² MedCOI, 14 April 2020

⁵³ MedCOI, 14 April 2020

⁵⁴ AIIMS, '[Revised Rates of Hospital Charges, AIIMS New Delhi](#)', n.d, accessed 28 August 2020

⁵⁵ AIIMS, '[Revised Rates of Hospital Charges, AIIMS New Delhi](#)', n.d, accessed 28 August 2020

⁵⁶ Xe.com, '[Currency converter](#)', accessed 28 August 2020

⁵⁷ Xe.com, '[Currency converter](#)', accessed 28 August 2020

⁵⁸ AIIMS, '[Revised Rates of Hospital Charges, AIIMS New Delhi](#)', n.d

of routine basic investigations and routine procedures⁵⁹. There are additional charges for laboratory tests, etc⁶⁰.

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2.2 Private sector

2.2.1 Treatment costs at private hospitals are not officially regulated⁶¹.

2.2.2 The national health protection scheme, Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana, or PM-JAY, allows low income earners to get cashless secondary and tertiary care at private facilities⁶². (See 'Health insurance schemes' below.)

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2.3 Health insurance schemes

2.3.1 In a report by the US Department of Commerce, it was estimated in 2020 that 15% of India's population was covered by government health insurance and 2% by private health insurance⁶³.

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2.4 National and state publicly-financed schemes

2.4.1 The [Pradhan Mantri Jan Arogya Yojana \(PM-JAY\)](#) was launched in 2018 and is the largest health assurance scheme in the world.⁶⁴ It provides cashless cover of Rs.500,000 per family per year for secondary and tertiary care in public and private hospitals, including diagnostics, laboratory tests and medicines. All pre-existing conditions are covered from day one⁶⁵. Qualification for cover is based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 for rural and urban areas respectively, making PM-JAY available to about 40% of India's population. PM-JAY is fully funded by the state; the cost of implementation is shared between the central and state governments⁶⁶.

2.4.2 Another scheme, [Rashtriya Arogya Nidhi \(RAN\)](#), provides financial assistance to patients living below the poverty line who suffer from major life-threatening illnesses⁶⁷. Specialty hospitals and other public hospitals/institutes are covered by the scheme⁶⁸. Patients seeking treatments in those facilities can receive up to Rs.500,000 per case, up to a maximum of Rs.1,500,000⁶⁹.

2.4.3 Among other health coverage scheme is the Employees State Insurance Scheme for factory and certain other workers, to which both employers and

⁵⁹ AIIMS, '[Revised Rates of Hospital Charges, AIIMS New Delhi](#)', n.d

⁶⁰ AIIMS, '[Revised Rates of Hospital Charges, AIIMS New Delhi](#)', n.d

⁶¹ The Commonwealth Fund, IH CSP: India, '[The Indian Health Care System](#)' (p78), May 2017

⁶² The Commonwealth Fund, IH CSP: '[India](#)', 5 June 2020

⁶³ US Department of Commerce: ITA, '[India: Healthcare and medical equipment](#)', 25 August 2020

⁶⁴ Govt.of India, NHA, '[Ayushman Bharat Pradhan Mantri Jan Arogya Yojana](#)' (PM-JAY), n.d.

⁶⁵ Govt.of India, NHA, '[Ayushman Bharat Pradhan Mantri Jan Arogya Yojana](#)' (PM-JAY), n.d.

⁶⁶ Govt.of India, NHA, '[Ayushman Bharat Pradhan Mantri Jan Arogya Yojana](#)' (PM-JAY), n.d.

⁶⁷ Ministry of Health and FW, 'Guidelines...[Rashtriya Arogya Nidhi](#)', 2019

⁶⁸ Ministry of Health and FW, 'Guidelines...[Rashtriya Arogya Nidhi](#)', 2019

⁶⁹ Ministry of Health and FW, 'Guidelines...[Rashtriya Arogya Nidhi](#)', 2019

employees contribute⁷⁰. The Central Government Health Scheme is for civil servants⁷¹.

2.4.4 Many of the state and union territory governments have also established health insurance schemes⁷². For example, MedCOI noted in April 2020:

'In [the State of] Punjab there is a scheme called Ayushman Bharat - Sarbat Sehat Bima Yojana (AB-SSBY), a state specific health insurance scheme for the beneficiaries of the State of Punjab. AB-SSBY provides financial protection to 75 % of the population of Punjab State. It is an entitlement based cashless health insurance cover of INR 500,000 per family per year. Under this scheme, cashless and paperless treatment is available at certain government and private hospitals.'⁷³

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2.5 Safety nets

2.5.1 As noted in The Commonwealth Fund 2020 IHCS Profile, 'The various government health coverage programs offer safety nets to different populations, with the government bearing the cost of subsidies. For example, in...the National Health Protection Scheme, the federal and state governments share the cost of premiums for each beneficiary, in addition to the cost of health services up to the coverage limit.'⁷⁴

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2.6 Private policies

2.6.1 Several private insurance companies have entered the market and have petitioned hospitals to provide cashless treatment to privately insured patients⁷⁵. According to the June 2020 The Commonwealth Fund IHCS profile on India, most private insurance plans did not provide comprehensive coverage for mental health care⁷⁶.

See also [Mental health](#).

2.6.2 Despite tax exemptions for insurance premiums, there has been limited uptake of voluntary private insurance in India⁷⁷.

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Section 3 updated: 1 September 2020

3. A note on Covid-19

3.1.1 According to data from Johns Hopkins University: Coronavirus Resource Centre and the Indian Ministry of Health, 3,691,166 cases of Covid-19 had

⁷⁰ The Commonwealth Fund, IHCS: India, '[The Indian Health Care System](#)' (p77), May 2017

⁷¹ The Commonwealth Fund, IHCS: India, '[The Indian Health Care System](#)' (p77), May 2017

⁷² APO, '[The challenge of extending universal coverage...](#)' (p32), 2015

⁷³ MedCOI, 4 April 2020

⁷⁴ The Commonwealth Fund, IHCS, '[India](#)', 5 June 2020

⁷⁵ US Department of Commerce: ITA, '[India: Healthcare and medical equipment](#)', 25 August 2020

⁷⁶ The Commonwealth Fund, IHCS, '[India](#)', 5 June 2020

⁷⁷ The Commonwealth Fund, IHCS: India, '[The Indian Health Care System](#)' (p77), May 2017

been reported in India by 31 August 2020; 65,288 patients had died^{78 79}. Johns Hopkins University showed that, as of 30 August 2020, the trend in newly reported Covid-19 cases was continuing to rise steeply⁸⁰. By 31 August 2020, 43,324,834 samples had been tested for the presence of coronavirus⁸¹.

- 3.1.2 India imposed a national lockdown on 25 March 2020⁸². The Financial Times reported on 31 August 2020 that the country's economy had contracted by an annualised 23.9% in the quarter ending 30 June 2020⁸³.
- 3.1.3 On 2 August 2020 the Ministry of Health and Family Welfare issued an updated Travel Advisory relating to Covid-19 which stated, for example: 'All travelers should submit a self-declaration form on the online portal at least 72 hours before the scheduled travel ... They should also give an undertaking on the portal that they would undergo mandatory quarantine for 14 days i.e. 7 days paid institutional quarantine at their own cost, followed by 7 days isolation at home with self-monitoring of health ... On arrival... passengers found to be symptomatic during screening shall be immediately isolated and taken to a medical facility as per health protocol.'⁸⁴
- 3.1.4 It was reported on 3 April 2020 that the World Bank had approved a US \$1 billion aid package to India, to prevent, detect and respond to the Covid-19 pandemic and strengthen public health preparedness⁸⁵.
- 3.1.5 For the most recent government updates on Covid-19, see the [Ministry of Health and Family Welfare](#) website. See [Care for the Elderly](#) for information on Covid-19's impact on elderly people.

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Section 4 updated: 1 September 2020

4. Cancer (oncology)

4.1 Incidence and outcomes

- 4.1.1 More than a million new cases of cancer were reported in India in 2014; there were over 700,000 deaths from cancer the same year⁸⁶.
- 4.1.2 A consultant medical oncologist advised The Economic Times in February 2019:

'What pushes our country behind is the survival rate of patients diagnosed with cancer because most seek medical intervention at a very late stage. According to some estimates, every year about 10 lakh [10 'lakh'=1,000,000] new cancer cases get added in India; of this less than 30 per cent of patients survive five years or longer after diagnosis...

⁷⁸ Johns Hopkins Univ., '[Coronavirus Resource Centre](#)', n.d

⁷⁹ India: Ministry of Health, '[Covid-19 India as on 1 September 2020 08:00](#)', 1 September 2020

⁸⁰ Johns Hopkins Univ., '[Confirmed new cases: India](#)', 1 September 2020

⁸¹ ICMR, '[COVID-19 testing: Status update](#)', 12 July 2020

⁸² BBC News, '[Coronavirus: India enters 'total lockdown' after spike in cases](#)', 25 March 2020

⁸³ Financial Times. '[India's economy contracts 24% during...](#)', 31 August 2020

⁸⁴ India: Ministry of Health and FW, '[Guidelines for international arrivals](#)', updated 2 August 2020

⁸⁵ Livemint, '[World Bank approves \\$1 billion aid for India](#)', 3 April 2020

⁸⁶ APJCP, '[Population Based Cancer Registry of India – the Challenges...](#)', October 2018

'Our cancer treatment is at par with the treatment offered in other developed countries. As a matter of fact, the cost of treatment of cancer is priced much higher in developed countries than in India.'⁸⁷

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4.2 Available treatment

4.2.1 As an example of treatment available in a public facility, the National Cancer Institute (NCI) in Jhajjar (in the state of Haryana) began opening in phases in January 2019 and is the largest cancer hospital in India. It operates under the control of AIIMS. Facilities include surgical oncology, radiation oncology, medical oncology, anaesthesia and palliative care and nuclear medicine. It also has a tissue repository⁸⁸. According to a report in the Hindustan Times, updated 5 March 2019: '...registration costs Rs.10, 'short' admission charges are Rs.60 for one day, and 'long' admission of six days or more costs Rs.365 [about £3.90].'^{89 90}

4.2.2 In addition to the NCI in Jhajjar, there are 26 Regional Cancer Centers (RCCs) in India, 'providing comprehensive cancer care in addition to acting as apex centers of research.'⁹¹

4.2.3 As an example of cancer treatment facilities at large private hospitals, see the [Apollo Hospitals website](#).

4.2.4 The New Indian Express reported in February 2020 on new developments in cancer treatment:

'The All India Institute of Medical Sciences (AIIMS) will be introducing a new technology for treatment of cancer patients which will reduce the time of therapy and surgery sessions ... the service will be made available to patients by the end of this year [2020] at AIIMS as well as National Cancer Institute (NCI) in Jhajjar.

'This technology is an intraoperative one, on one side we will have robotic surgery and on the other there be radiotherapy given to patients. So, the whole process which takes around 6-7 months will be completed in a day.

'NCI, the dedicated cancer institute which was inaugurated for public service last year [2019], will also have proton therapy for curing cancer patients and is also likely to be introduced at Delhi AIIMS also ... This will be the only government hospital to have proton therapy. So far, one private hospital offers the treatment. But at AIIMS, the treatment will be for free...'⁹²

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4.3 Access to treatment

4.3.1 MedCOI cited external sources in commenting:

⁸⁷ Economic Times, '[Is India at par with the West...](#)', 6 February 2019

⁸⁸ Economic Times, '[India's largest cancer institute ...](#)', 25 December 2018

⁸⁹ Hindustan Times, '[High-end care at affordable rates at Jhajjar's National Cancer...](#)', 5 March 2019

⁹⁰ Xe.com, '[Currency converter](#)', accessed 29 August 2020

⁹¹ NCI India (part of AIIMS), '[About us](#)', n.d

⁹² New Indian Express, '[In a first, AIIMS offers short cancer treatment](#)', 19 February 2020

'In the absence of health insurance, cancer treatments are a great financial challenge to the affected individuals and their families. Patients often cannot complete the course of treatment due to unaffordable costs ... Even with the government hospitals providing free cancer treatment for the poor and medicines free of cost to at least 50% of the patients, many cancer patients are still unable to pay for all the expenses.'⁹³

4.3.2 The Hindu newspaper reported in June 2015, 'The Delhi High Court... directed the All India Institute of Medical Sciences (AIIMS) to provide free treatment to a blood cancer patient, whose family could not afford the costly medical care.'⁹⁴

4.3.3 The Indian Journal of Medical and Paediatric Oncology noted in 2015: '[T]he number of Tertiary Cancer Centers (TCCs) with excellent infrastructure and trained oncologists is ... increasing in urban India. However the same is not true about rural India. This is reflected in the fact that, though the incidence of cancer in rural India is nearly half of that of urban India, the mortality rates are double ... 70% of the Indian population is rural...

'Patients from villages and smaller cities have to go to major cities for cancer therapy. Because of financial constraints and cultural barriers, these patients present late to the Tertiary Cancer Centers (TCCs).

'Most TCCs are overcrowded, and because of decreased manpower and limited infrastructure, there are further delays in treatment. Also because of our male dominated society, fewer females are brought to the tertiary centers for treatment and this is reflected in the higher male:female ratios in most hospital-based registries. Furthermore, in cities, the families face cultural shock with no place to stay and difficulties in commuting. In addition, they [may] also face the loss of job and daily wages.'⁹⁵

4.3.4 The Ministry of Health provided a list of [regional cancer centres](#)⁹⁶.

See also [Palliative care](#).

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Section 5 updated: 1 September 2020

5. Cardiology (heart conditions)

5.1.1 Treatment at the Cardiology Department at the All India Institute Of Medical Sciences (AIIMS), New Delhi, a public institute at which treatment costs are subsidised, are described on its website as follows:

'The Department of Cardiology at AIIMS ... has fully developed facilities for adult and pediatric interventions including coronary interventions, valvuloplasty, device closure of congenital shunts and electrophysiology services (including radiofrequency ablation, pacemaker, bi-ventricular pacemaker and cardioverter defibrillator implantation). Laboratory testing facilities include holter recording, echocardiography (including transthoracic,

⁹³ MedCOI, 24 October 2017

⁹⁴ The Hindu, '[AIIMS directed to provide free treatment to cancer patient](#)', 11 June 2015

⁹⁵ Indian Journal of...Oncology, '[Delivery of cancer care in rural India...](#)', April-June 2015

⁹⁶ India: Ministry of Health & F.W., '[Addresses of Regional Cancer Centres](#)', n.d

transesophageal, 3-D and fetal echocardiography), Tilt testing for syncope and electrophysiology testing including CARTO system mapping. The department has done pioneering work in the field of rheumatic fever and rheumatic heart disease including juvenile mitral stenosis, coronary artery disease including angioplasties, arrhythmias, cardiomyopathies and congenital heart diseases.⁹⁷

- 5.1.2 There are 15 [AIIMS hospitals](#) throughout the country; as an example, cardiovascular treatment at AIIMS in Rishikesh (in the state of Uttarakhand) is fully described [here](#)⁹⁸.
- 5.1.3 As an example of cardiology facilities at large private hospitals in the main cities, see the [Apollo Hospitals website](#)⁹⁹.
- 5.1.4 A list of drugs related to the cardiovascular system, which are available in India, can be found in the [Medline India database](#).

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5.2 Hypertension (high blood pressure)

- 5.2.1 As at 1 September 2020, Medline India showed that available medicines included thiazide diuretics (e.g. hydrochlorothiazide), ACE inhibitors (e.g. ramipril), calcium channel blockers (e.g. amlodipine), beta blockers (e.g. bisoprolol), alpha blockers (e.g. doxazosin), central agonists (e.g. methyldopa), vasodilators (e.g. minoxidil) and angiotensin II receptor blockers (e.g. losartan)¹⁰⁰.
- 5.2.2 An [India Hypertension Control Initiative \(IHCI\)](#) was launched in 2017; by June 2020, IHCI had been implemented across 31 districts in 6 states (Kerala, Madhya Pradesh, Maharashtra, Punjab, Telangana, and Chhattisgarh) with plans to scaleup to 100 districts across all states of India. Under the IHCI initiative, blood pressure monitoring and drug refills are carried at Health and Wellness Centres (HWCs), which, according to the World Health Organization (WHO), has resulted in a significant improvement in regular patient follow-ups and patient compliance with their medications. During the Covid-19 lockdown, trained health workers have been dispatched from HWCs to provide monitoring and drug refills to vulnerable patients at their home addresses¹⁰¹.

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Section 6 updated: 1 September 2020

6. Child disability and developmental problems

6.1 Schools for children with special needs

- 6.1.1 According to the National Institute for the Empowerment of Persons with Intellectual Disabilities (NIEPID), there are more than 2,500 schools for children with special needs in India. Some are run or supported by the

⁹⁷ AIIMS, '[Department of Cardiology](#)', 14 August 2020

⁹⁸ J-PCS, '[Cardiology department of \[AIIMS\] Rishikesh...](#)', 2019

⁹⁹ Apollo Hospitals, '[Cardiology](#)', n.d

¹⁰⁰ Medline India, '[Cardiovascular system](#)', n.d

¹⁰¹ WHO, '[Community drug distribution at doorsteps...](#)', 22 July 2020

central or state governments, while many are registered NGOs or private institutions. A guide to special needs education in each state of India appears on the NIEPID website, [Special Schools List](#)¹⁰² and [Integrated schools list](#)¹⁰³.

- 6.1.2 NIEPID also provides a list of [organisations for parents](#) of children with special needs¹⁰⁴.

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6.2 Speech, hearing and language therapy

- 6.2.1 The All India Institute for Speech and Hearing (AIISH) is an autonomous institute fully funded by the Indian Ministry of Health and Family Welfare¹⁰⁵. The AIISH Therapy Clinic deals with patients of all ages and provides diagnostic and therapeutic services 'to all varieties of speech, hearing and language disorders'. The clinic also provides:

- Comprehensive assessment procedures for all types of communication disorders, for different age and language groups
- Consultancy services by allied professionals - ENT, clinical psychology, paediatrician, neurologist, phonosurgeon, plastic surgeon, prosthodontist
- Counseling and guidance
- Guidance for caregivers, teachers and employers for family, educational and vocational management
- Voice therapy
- Fluency therapy
- Articulation therapy
- Language therapy, including reading and writing
- Listening training
- Physiotherapy
- Occupational therapy
- Alternate and Augmentative Communication (AAC) training
- Behavior modification¹⁰⁶.

Section 7 updated: 1 September 2020

7. Diabetes mellitus

- 7.1.1 Diabetes (particularly type-2) has become a major health care problem in India: in 2015 there were estimated to be 66.8 million people suffering from the condition, representing the largest number of any country in the world¹⁰⁷.

¹⁰² NIEPID, '[Special schools](#)', n.d

¹⁰³ NIEPID, '[Integrated schools](#)', n.d

¹⁰⁴ NIEPID, '[Parent organisations](#)', n.d

¹⁰⁵ All India Institute for Speech and Hearing, '[About AIISH](#)', n.d

¹⁰⁶ All India Institute for Speech and Hearing, '[Clinical services](#)', n.d

¹⁰⁷ Annals of Global Health, Joshi, S.R., '[Diabetes Care in India](#)' November–December 2015

About half of all people with diabetes remain undetected, often resulting in complications being apparent at the time of diagnosis¹⁰⁸. Awareness of diabetes is very low among the general population¹⁰⁹.

7.1.2 India has also witnessed a greater number of incidences of type-1 diabetes mellitus among children; the estimated number of children affected has increased at a rate of 3 to 5% per annum over the past two decades¹¹⁰.

7.1.3 The Endocrine Society of India and the Danish pharmaceutical company, Novo Nordisk, commissioned a survey among physicians in 8 cities in 2016. It found that:

‘The burden of diabetes is reaching alarming proportions in India driven by rapid urbanisation and industrialisation ... According to the International Diabetes Federation (IDF), one in 11 adults has diabetes.

‘Around 93 per cent of physicians [responding to the survey] agreed that incidence level of diabetes has grown manifold in the last 2-3 years. The situation is more severe in tier-1 cities [the main metropolitan areas] with physicians seeing a 200 per cent increase in incidence levels.

‘The survey also affirmed that even though all newly diagnosed people with diabetes were advised [on] lifestyle modifications, [...] nearly 7 out of 10 people with diabetes found it challenging to implement.’¹¹¹

7.1.4 MedCOI confirmed in March 2020 that the following services were available at or via public hospitals including AIIMS:

- outpatient or inpatient treatment by an internal specialist (internist)
- laboratory research of blood glucose (incl: HbA1C/ glyc.Hb)
- laboratory research: urine test for glucose/glucosuria¹¹².

7.1.5 Treatment and monitoring will also be offered at local [Health and Wellness Centres](#).

7.1.6 Home testing kits were widely available¹¹³.

7.1.7 Medline India confirmed that [several types of insulin](#) were available in India¹¹⁴. The Danish company Novo Nordisk is the largest insulin supplier in India; its brands include Actrapid, Mixtard 30, Mixtard 50, Insulatard, NovoMix 30, NovoRapid, Levemir and Ryzodeg^{115 116}.

5.1.7 MedCOI noted the availability of several oral medications, including metformin, sitagliptin, glibenclamide, gliclazide and tolbutamide¹¹⁷.

¹⁰⁸ Annals of Global Health, Joshi, S.R., ‘[Diabetes Care in India](#)’ November–December 2015

¹⁰⁹ Annals of Global Health, Joshi, S.R., ‘[Diabetes Care in India](#)’ November–December 2015

¹¹⁰ Times of India, ‘[India witnessing a rise in Type-1 diabetes...](#)’, 15 November 2018

¹¹¹ Pharmabiz.com, ‘[ESI, Novo Nordisk conduct survey to ...](#)’, 7 April 2016

¹¹² MedCOI, 16 March 2020

¹¹³ Times of India, ‘[Glucometer kits to check your blood ...](#)’, 26 September 2019

¹¹⁴ Medline India, ‘[Insulins](#)’, n.d., accessed 1 September 2020

¹¹⁵ Business Standard, ‘[Novo Nordisk to launch range of insulin...](#)’, 20 January 2013

¹¹⁶ Economic Times, ‘[Novo Nordisk launches...Ryzodeg in India](#)’, 19 January 2015

¹¹⁷ MedCOI, 10 April 2017

- 5.1.8 In cases where diabetic retinopathy has been diagnosed, refer also to the section on [Eye treatment](#).

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Section 8 updated: 1 September 2020

8. Eye treatment (including ophthalmology)

- 8.1.1 Adva Saldinger noted in an article published by Devex in 2018:

‘Twenty-five years ago, the Vivekananda Mission Asram Eye Hospital...in India’s state of West Bengal, operated only partially and sometimes without a doctor. That was not uncommon in rural areas at the time. But since then, a dramatic turnaround has seen India become a model for high-quality, low-cost eye care.

‘On the back of strong leadership, innovation, funding, and government support, eye care has improved and more people have gained access.

‘[A] government program...focused on a transition to a new type of surgery that was more difficult but also more effective, and changed regulations to require surgery to be done in hospitals and not in makeshift camps. Over time, it has doubled the number of ophthalmologists trained each year and expanded the program beyond cataracts to other areas of eye care, including support for children and those with diabetic retinopathy...

‘Central players on this journey include nonprofit institutions, such as the Aravind Eye Care System. This model has helped spur key eye care innovations, from manufacturing low-cost equipment to training doctors, to developing a system of support staff that has dramatically increased the number of patients each doctor can treat ... [A]bout half of all eye care in India is provided through NGOs.

‘India pioneered the cross-subsidization model for eye care, where fees from wealthier patients help cover the costs of treatment for low-income earners. Aravind and other hospitals charge fees on a sliding scale according to how much a patient can pay, and no one is turned away.’¹¹⁸

- 8.1.2 MedIndia’s Doctor Directory held information on 12,256 ophthalmologists from across India, of which 491 were [listed](#)¹¹⁹. Each listing included contact details of the hospital or clinic at which the ophthalmologist was based¹²⁰.

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Section 9 updated: 1 September 2020

9. Hepatitis B and C

- 9.1.1 The World Health Organisation observed in 2017:

‘In India, viral hepatitis is now recognized as a serious public health problem. It places a huge disease, social and economic burden on the affected individual, family, as well as the health system.

¹¹⁸ Devex, ‘[How India became a leader in low-cost, high-quality eye care](#)’, 31 October 2018

¹¹⁹ MedIndia, ‘[Ophthalmologists...in India](#)’, n.d., accessed 30 July 2020

¹²⁰ MedIndia, ‘[Ophthalmologists...in India](#)’, n.d., accessed 30 July 2020

'[A]s per latest estimates, 40 million people [in India] are chronically infected with hepatitis B and 6 to 12 million people are chronically infected with hepatitis C.'¹²¹

- 9.1.2 MedCOI confirmed in May 2020 that inpatient or outpatient specialist treatment both by a nephrologist and by an internal specialist (internist) were available, for example at AIIMS New Delhi (a public hospital)¹²². MedCOI noted in an earlier response (2017) that treatment by a hepatologist was also accessible free of charge at various public hospitals¹²³.
- 9.1.3 Medline India listed [interferon alfa-2b](#), [interferon alfa-2a](#) and [ribavirin](#) as available in India and gave details of the pharmaceutical companies supplying these¹²⁴.

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Section 10 updated: 1 September 2020

10. HIV/AIDS

- 10.1.1 According to UNAIDS, an estimated 88,000 people were first diagnosed with HIV infections in 2017, of whom 3,700 were children, 34,000 were women aged 15+ and 50,000 were men 15+¹²⁵. As of 2017, it was estimated that a total of 2,100,000 people in India were living with HIV. In 2017 there were an estimated 69,000 AIDS-related deaths, compared with 160,000 in 2010 and 240,000 in 2005¹²⁶.
- 10.1.2 UNAIDS noted in 2018, 'Successive surveys in [India] indicate that attitudes towards people living with HIV have improved.'¹²⁷ Of a sample of women and men aged 15-49 who were surveyed in 2016, 27.6% reported discriminatory attitudes towards people living with HIV¹²⁸.
- 10.1.3 There are no laws in India criminalising the transmission of, or nondisclosure of, HIV¹²⁹.
- 10.1.4 MedCOI advised in January 2020 that the following treatment was available at the All India Institute of Medical Sciences (AIIMS) ART clinic, Ansari Nagar, New Delhi, a public hospital:
- laboratory research HIV: CD4 count
 - laboratory research HIV: viral load
 - outpatient treatment and follow up by a HIV specialist
 - inpatient treatment by a HIV specialist

¹²¹ WHO, '[Hepatitis](#)', 2017

¹²² MedCOI, 8 May 2020

¹²³ MedCOI, 22 August 2017

¹²⁴ Medline India, ([website](#))

¹²⁵ UNAIDS, '[UNAIDS Data 2018](#)' (p140), n.d

¹²⁶ UNAIDS, '[UNAIDS Data 2018](#)' (p140), n.d

¹²⁷ UNAIDS, '[UNAIDS Data 2018](#)' (p128), n.d

¹²⁸ UNAIDS, '[UNAIDS Data 2018](#)' (p140), n.d

¹²⁹ UNAIDS, '[UNAIDS Data 2018](#)' (p126), n.d

- inpatient or outpatient treatment and follow up by an internal specialist (internist).¹³⁰

10.1.5 Of the antiretrovirals investigated by MedCOI, the following were found to be available at the above hospital: abacavir, atazanavir, darunavir, dolutegravir, efavirenz, lamivudine, raltegravir, ritonavir, tenofovir alafenamide, tenofovir disoproxil, atazanavir + ritonavir (combination), Atripla® (efavirenz + emtricitabine + tenofovir disoproxil), Combivir® (combination of zidovudine / lamivudine, Descovy® (emtricitabine + tenofovir alafenamide), Kaletra® (combination of lopinavir / ritonavir) and Truvada® (combination of tenofovir disoproxil/ emtricitabine)¹³¹.

10.1.6 MedCOI noted in September 2018 'Free antiretroviral treatment (ART) has been available in India since 2004. In April 2017 India adopted a test and treat policy, making all people living with HIV/AIDS eligible for anti-retroviral therapy...regardless of their CD count or clinical stage.'¹³²

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Section 11 updated: 20 October 2020

11. Mental health

11.1 General availability of mental health care facilities in India

11.1.1 The Commonwealth Fund's IHCSF country profile for India, published in June 2020, noted:

'Despite recent policy measures to strengthen mental health care, resources are extremely limited. Across India, there is only one trained psychiatrist for every 250,000 people and fewer than one mental health worker[s] for every 100,000 people. In addition, few hospital beds are dedicated to inpatient psychiatric care...

'National health initiatives have established psychiatric centers within specialized public hospitals. With the launch of the National Health Protection Scheme, comprehensive mental health care will also be available for beneficiaries at newly established [Health and Wellness Centre](#) programs.'¹³³

11.1.2 The World Health Organisation (WHO) 'Mental Health Atlas' for 2017 showed that:

- there were 136 psychiatric hospitals in India and a further 389 psychiatric units in general hospitals, with 45 inpatient facilities specifically for children
- there were 56,177 inpatients in psychiatric hospitals, of whom 15,890 were admitted involuntarily; 68% of inpatient stays were for less than a year, 26% for 1-5 years and 6% for more than 5 years; 75% of discharged inpatients made a follow-up outpatient visit within one month

¹³⁰ MedCOI, 22 January 2020

¹³¹ MedCOI, 22 January 2020

¹³² MedCOI, 7 September 2018

¹³³ The Commonwealth Fund, IHCSF: '[India](#)', 5 June 2020

- most outpatient visits were to mental health facilities (clinics) attached to hospitals
- there were 0.29 psychiatrists, 0.07 psychologists and 0.80 mental health nurses per 100,000 population¹³⁴.

11.1.3 The US Department of State noted that, in 2019, 'Patients in some mental-health institutions faced food shortages, inadequate sanitary conditions, and lack of adequate medical care.'¹³⁵

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11.2 The National Mental Health Survey (NMHS) of India, 2015-16

11.2.1 As noted in the International Journal of Social Psychiatry:

'Recognizing the need for good quality, scientific and reliable information for strengthening mental health policies and programmes, the National Mental Health Survey (NMHS) of India was implemented by National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, in the year 2015–2016.

'NMHS was conducted across 12 [of 36] Indian states [and union territories] where trained field investigators completed 34,802 interviews [39,532 according to the report itself].'¹³⁶

11.2.2 The full [2015-16 NMHS report](#) showed:

- Among those interviewed, 10.6% reported a current mental health condition¹³⁷. The weighted lifetime prevalence of 'any mental morbidity' was estimated at 13.7%¹³⁸. ['Morbidity' means the 'prevalence of ill health'.]
- The most common conditions among interviewees were found to be: (a) mental and behavioural problems due to substance abuse (22.4%), (b) neurotic and stress-related disorders incl. anxiety, OCD, PTSD (3.5%), (c) mood disorders, incl. depressive and bipolar (2.8%), (d) schizophrenia and psychotic disorders (0.4%)¹³⁹.
- The overall prevalence of mental illness was estimated to be higher among males, 40-59 age group, in urban-metropolitan areas, among less educated people and in households with lower income¹⁴⁰.
- Only about 1 in 10 people with mental health disorders were thought to be receiving proper (evidence-based) medical treatment in India¹⁴¹. This was a global problem: a large multi-country survey supported by the WHO showed that 35-50% of serious cases in developed countries and

¹³⁴ WHO, '[Mental Health Atlas 2017: India profile](#)', 2017

¹³⁵ USDOS, '[2019 Report on Human Rights Practices](#)' (section 6), 11 March 2020

¹³⁶ Int. Journal of Social Psychiatry, '[The National Mental Health Survey of India...](#)', 4 March 2020

¹³⁷ NIMHANS, '[National Mental Health Survey \(NMHS\)](#)' (p29), 2016

¹³⁸ NIMHANS, '[National Mental Health Survey \(NMHS\)](#)' (p29), 2016

¹³⁹ NIMHANS, '[National Mental Health Survey \(NMHS\)](#)' (p92), 2016

¹⁴⁰ NIMHANS, '[National Mental Health Survey \(NMHS\)](#)' (p93), 2016

¹⁴¹ NIMHANS, '[National Mental Health Survey \(NMHS\)](#)' (p121), 2016

76-85% in less-developed countries had received no treatment in the previous 12 months¹⁴².

- The median amount spent for care and treatment varied according to the disorder: Alcohol use disorder Rs.2250; schizophrenia and psychotic disorders Rs.1000; depressive disorder Rs.1500; neuroses Rs.1500¹⁴³. (On 1 September 2020, the exchange rate quoted by xe.com was £1= Rs.98.)

See also '[Stigma](#)'.

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11.3 National legal and policy framework

11.3.1 The [Mental Health Care Act 2017](#) came into force on 7 July 2018. The law was described in its opening paragraph as 'An Act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfil the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto.'¹⁴⁴ The Act sets out the rights of a person with a mental illness including, for example, a right to access mental healthcare and treatment services run by or funded by the appropriate state government or the central government, and a right to specify in advance the way the patient wishes to be cared for and treated¹⁴⁵.

11.3.2 The Mental Health Care Act states, 'The right to access mental healthcare and treatment shall mean mental health services of affordable cost, of good quality, available in sufficient quantity, accessible geographically, without discrimination on the basis of gender, sex, sexual orientation, religion, culture, caste, social or political beliefs, class, disability or any other basis and provided in a manner that is acceptable to persons with mental illness and their families and care-givers.'¹⁴⁶

11.3.3 According to the Ministry of Health and FW 'National Health Mission' website:

'The Government of India launched the [National Mental Health Programme](#) (NMHP) in 1982, with the following objectives:

- to ensure the availability and accessibility of minimum mental healthcare for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of the population;
- to encourage the application of mental health knowledge in general healthcare and in social development; and

¹⁴² NIMHANS, '[National Mental Health Survey \(NMHS\)](#)' (p121), 2016

¹⁴³ NIMHANS, '[National Mental Health Survey \(NMHS\)](#)' (p129), 2016

¹⁴⁴ [Mental Health Care Act 2017](#), April 2017

¹⁴⁵ [Mental Health Care Act 2017](#), April 2017

¹⁴⁶ [Mental Health Care Act 2017](#), (section 18(2)), April 2017,

- to promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.¹⁴⁷

11.3.4 An [evaluation](#) of the National Mental Health Programme was completed by by Sushovan Roy and Nazish Rasheed in 2015¹⁴⁸.

11.3.5 Medline India provided access to an extended list of [medical acts and rules](#)¹⁴⁹. The Indian Psychiatric Society provided [clinical guidance to mental health professionals](#)¹⁵⁰.

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11.4 The role of state governments

11.4.1 Mental health services are managed by each of the state and union territory governments in India¹⁵¹. For example, the State of Punjab established a Mental Health Authority in 2018¹⁵². There are 36 licensed psychiatric hospitals and nursing homes in Punjab, as well as addiction treatment centres¹⁵³.

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11.5 Availability of psychiatric treatment in the principal urban centres

11.5.1 MedCOI confirmed that the following treatment was available at the All India Institute of Medical Sciences (AIIMS) in New Delhi, a public hospital at which treatment costs are subsidised:

- inpatient or outpatient treatment and follow up by a psychiatrist
- outpatient treatment and follow up by a psychologist
- psychotherapy, e.g. cognitive behavioural therapy¹⁵⁴.

11.5.2 As of October 2020, 15 AIIMS institutes were operating and 8 more were expected to be established by 2025. Those in operation were situated in New Delhi, Bhopal (state of Madhya Pradesh), Bhubaneswar (Odisha), Jodhpur (Rajasthan), Patna (Bihar), Raipur (Chhattisgarh), Rishikesh (Uttarakhand), Raebareli (Uttar Pradesh), Mangalagiri (Andhra Pradesh), Nagpur (Maharashtra), Gorakhpur (Uttar Pradesh), Bhatinda (Punjab), Bibinagar (Telangana), Kalyani (West Bengal) and Deoghar (Jharkhand).

See Affordability and health insurance schemes – [State \(public\) sector](#) for information on treatment costs at AIIMS hospitals.

11.5.3 According to an article which appeared in the Indian Journal of Psychiatry in February 2018, '[A]lmost all big hospitals in Delhi run psychiatry services,

¹⁴⁷ Ministry of Health and FW., '[National Mental Health Programme](#)', 1982

¹⁴⁸ Roy, S. and Rasheed, N., '[The National Mental Health Programme of India](#)', 2015

¹⁴⁹ Medline India, '[Medical Acts and Rules](#)', n.d

¹⁵⁰ Indian Psychiatric Society, '[Position Statements](#)', last updated January 2020

¹⁵¹ Government of India, '[Mental Healthcare Act, 2017](#)', April 2017

¹⁵² The Pioneer, '[Punjab constitutes State Mental Health Authority](#)', 11 October 2018

¹⁵³ Punjab Government: Dept.of Health and Family Welfare, n.d

¹⁵⁴ MedCOI, 18 February 2020

which include 13 government hospitals. There are 42 private psychiatry clinics run in the city of Delhi.¹⁵⁵

- 11.5.4 General and wholistic psychiatric treatment and rehabilitation services are also available, for example at the [Vidyasagar Institute of Mental Health and Neuro-Sciences](#) (VIMHANS) Hospital in New Delhi¹⁵⁶.
- 11.5.5 As an example of mental health care facilities at a major private hospital, see the website of the Indraprastha Apollo Hospital complex in Delhi: [Psychiatry & Clinical Psychology](#).

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11.6 Available medication

- 11.6.1 The Medline India database, accessed in August 2020, listed the following [generic drugs](#) as being available in India; for each, Medline gives details of the brand name(s) used in India and the name of the [pharmaceutical company](#) (or companies) supplying the medicine:

Antidepressants (including drugs for major depressive disorder):

agomelatine, amitriptyline, amoxapine, citalopram, clomipramine, desvenlafaxine, dosulepin, dothiepin hcl, doxepin, duloxetine, escitalopram, fluoxetine hcl, fluvoxamine, imipramine, mianserin, mirtazapine, moclobemide, nortriptyline, paroxetine, reboxetine, selegiline, sertraline hcl, tianeptine, trazodone, trimipramine, venlafaxine

Anxiety (anxiolytics), panic disorders, sleeping problems: alprazolam, buspirone, chlordiazepoxide, clonazepam, diazepam, flurazepam, lorazepam, moclobemide, modafinil, nitrazepam, nortriptyline, oxazepam, promethazine theoclate, temazepam, trazodone, triclofos, zaleplon, zolpidem, zopiclone

Bipolar disorder (manic depression), etc: clobazam, divalproex, lithium, olanzapine, oxcarbazepine, quetiapine fumarate, risperidone, sodium valproate

Psychotic disorders (incl. schizophrenia): amisulpride, chlorpromazine, clozapine, flupenthixol decanoate, fluphenazine, haloperidol, loxapine, olanzapine, paliperidone, penfluridol, pimozide, quetiapine fumarate, risperidone, thioridazine, trifluoperazine, triflupromazine, ziprasidone

Seizures, epilepsy: carbamazepine, diazepam, etizolam, flurazepam, fosphenytoin sodium, gabapentin, lacosamide, lamotrigine, levetiracetam, magnesium valproate, oxcarbazepine, phenobarbitone, phenytoin, pregabalin, primidone, sodium valproate, topiramate, zonisamide

Other: amantadine, apomorphine, atomoxetine hcl, benfotiamine, betahistine, bromocriptine, buclizine hcl, codergocrine, dimenhydrinate, donepezil, edaravone, entacapone, eszopiclone, flunarizine, galantamine, levodopa, mecobalamin/methylcobalamin, melatonin, memantine hcl,

¹⁵⁵ Indian Journal of Psychiatry, '[Psychiatry in Delhi: History and current status](#)', February 2018

¹⁵⁶ VIMHANS Hospital, '[Dept of Mental Health](#)', n.d

nicergoline, nimodipine, piracetam, pyritinol, rasagiline, ropinirole, selegiline, sumatriptan, tetrabenazine, triflupromazine, trihexyphenidyl hcl, zolmitriptan

Note: The above is a non-exhaustive list of central nervous system drugs which were, according to Medline, available in India in August 2020¹⁵⁷.

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11.7 Neurosurgery

11.7.1 It was noted in a study published in the International Journal of Academic Medicine in 2018:

‘India has approximately 1800 neurosurgeons...

‘Although some of the national [teaching] institutes such as All India Institute of Medical Sciences (AIIMS), New Delhi; National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru; and Postgraduate Institute of Medical Education and Research, Chandigarh, have extremely well-established infrastructure and commendable system of training, most of the government hospitals and medical colleges across India still lack basic neurosurgical infrastructure...

‘Neurosurgeons of India are nationally and internationally renowned experts in the diagnosis and surgical treatment of innumerable brain and spine disorders including brain tumors, epilepsy, and trigeminal neuralgia. Globally, acclaimed hospitals from India like Fortis Healthcare Hospital, Apollo Hospitals, NIMHANS, and AIIMS provide world-class facilities for stereotactic radiosurgery, radiation oncology, SFNS, deep brain stimulation, skull base surgery, endovascular neurosurgery, and spinal surgery at a fraction of cost compared to treatment centers across Western nations, without any compromise on quality or success rate.

‘A study in 2015 by Krishnan Ganapathy noted that neurological expertise is not distributed equivocally across India. While 80% of India’s specialist doctors live in urban India, [patients] living in rural India still have to travel a distance of 75–100 km for a tertiary consultation.’¹⁵⁸

11.7.2 The Department of Neurosurgery at AIIMS in Delhi, a public facility, is equipped with up to date technology including laser, CUSA, ultrasound, intra-operative MRI, Gamma Knife (radiosurgery), Image Guidance System and operating microscope¹⁵⁹.

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11.8 Stigma

11.8.1 CPIT note: India is a vast, multicultural country. Societal attitudes typically vary to an extent from one community to another.

11.8.2 A 2008 appraisal of the District Mental Health Programme (DMHP), cited in a 2015 evaluation of the National Mental Health Programme (NMHP), identified social stigma as a barrier to accessing mental health care, noting:

¹⁵⁷ Medline India, ‘[Central nervous system](#)’, n.d

¹⁵⁸ International Journal of Academic Medicine, ‘[Neurosurgery in India...](#)’, 23 April 2018

¹⁵⁹ AIIMS New Delhi, ‘[Neurosurgery](#)’, 27 April 2017

- ‘Mental illnesses still carried with them very strong social stigma.
- ‘Families tried hide the fact that a mentally ill person was a member, thus precluding their seeking help openly.
- ‘The abnormal behavior was tolerated [until] violence / social embarrassment ensued beyond endurance.’¹⁶⁰

11.8.3 Since then, a media campaign to generate awareness and reduce stigma has taken place under the NMHP¹⁶¹.

11.8.4 According to the ‘National Mental Health Survey of India, 2015-16:

‘The narrative accounts of the respondents during focused group discussions revealed that the community generally perceived severe mental illness as the result of either bad deeds or black magic. There was some difference between urban and rural residents regarding awareness about mental illnesses. Person[s] with mental health problems are usually perceived as weak, untidy, harmful, and dangerous. They are also considered as a nuisance to the public. In general, most of them believed that either they had to be treated by traditional healers or there is no cure for a person with a mental health problem.

‘Because of the community’s perception about the illness experience, most of the persons with severe mental health problems usually undergo unnecessary treatment in faith healing practices before they receive any professional care. They try to hide their illness from the family and community and become reluctant to seek medical care. Sometimes they are taken away to far away places and left...destitute because of stigma, high cost of the treatment and lack of knowledge.

‘Despite advances in the understanding of mental health issues, mentally ill persons are referred to in various derogatory terms by the public as well as the media ... It was quite obvious from the narrative accounts that using derogatory terms to characterize and brand a person with a mental health problem was a universal phenomenon.’¹⁶²

11.8.5 The NMHS also noted that it was common for the media to portray people with mental health problems in a ‘stigmatizing or derogatory manner’, which included depicting people with mental illness as dangerous and a burden on their family. There appeared to be no positive aspects covered, such as a person’s rights or the prospect of rehabilitation¹⁶³.

11.8.6 The same report added:

‘People with mental illnesses are significantly excluded from social activities and are deprived of social opportunities. Poor educational attainment and discontinuation was quite common and they usually face discrimination from the peers in school. The job opportunities for these persons were reduced and for those who were employed, responsibilities and promotions were

¹⁶⁰ Roy, S. and Rasheed, N., ‘[The National Mental Health Programme of India](#)’ (p12), 2015

¹⁶¹ Roy, S. and Rasheed, N., ‘[The National Mental Health Programme of India](#)’ (p13), 2015

¹⁶² NIMHANS, ‘[NMHS 2015-16](#)’ (p131), 2016

¹⁶³ NIMHANS, ‘[NMHS 2015-16](#)’, (page 131), 2016

denied leading to job dissatisfaction, absenteeism, and voluntary retirement. It was felt that persons with mental illnesses are affected most in the area of marriage. Most of them do not marry or they end up marrying late. Further, most of the marriages conclude in nullity. Overall, people with mental illnesses lead a poor quality of life due to stigma and discrimination in key social activities and opportunities.¹⁶⁴

- 11.8.7 The Live Love Laugh Foundation (TLLLF), an NGO whose aim is to reduce stigma and raise awareness of mental health, conducted a study of 3,556 males and females across 8 cities in India, to try to establish how India perceived mental health. The subsequent report, dated 2018, noted:
‘The survey revealed that although people showed high awareness about mental illness [about 87% participants using at least one term that relates to the names and symptoms of mental illnesses], they also showed high stigma against people with mental illness [with about 62% participants using derogatory terms to describe people with mental illness]. Of the respondents who showed awareness about mental illness (87%), the ones showing stigma made up 71%. This indicates that just increasing awareness about mental illness might not be enough a holistic programme on mental health will also need to address the strong stigma associated with it.’¹⁶⁵
- 11.8.8 Media sources have indicated that few people with mental health problems in India sought professional help or care because of widespread social stigma and poor access to mental healthcare^{166 167}. The problem appeared to be particularly acute for women with mental illness, who faced abandonment by their husbands and families¹⁶⁸.
- 11.8.9 A number of other studies have been conducted in India on the prevalence of stigma towards persons with mental illness, where it was often found to be high^{169 170 171 172}.

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Section 12 updated: 1 September 2020

12. Mosquito-borne diseases: Malaria

- 12.1.1 In 2018 there were 429,928 cases (confirmed and presumed) cases of malaria in India, representing 0.3 cases per 1,000 population; there were 96 confirmed deaths from the disease in 2018¹⁷³. In comparison, over 1,000 malaria deaths were reported in 2013¹⁷⁴.

¹⁶⁴ NIMHANS, ‘[NMHS 2015-16](#)’, (page 132), 2016

¹⁶⁵ TLLLF, ‘[How India perceives mental health](#)’ (p2), 2018

¹⁶⁶ BBC News, ‘[The Indian women abandoned because of mental illness](#)’, 15 October 2018

¹⁶⁷ The Wire, ‘[The Worries of “Log Kya Kahenge?” on Mental Health](#)’, 11 May 2018

¹⁶⁸ BBC News, ‘[The Indian women abandoned because of mental illness](#)’, 15 October 2018

¹⁶⁹ Indian Journal of Psychiatry, ‘[Perceived stigma of mental illness...](#)’, 2016

¹⁷⁰ J Fam Med Prim Care, ‘[Perception of stigma toward mental illness in South India](#)’, 2015

¹⁷¹ Psychiatry Research, ‘[Stigma experienced by patients...](#)’, November 2017

¹⁷² Indian Journal of Psychiatry, ‘[Perceived stigmatization and discrimination...](#)’, 2018

¹⁷³ APLMA, ‘[Leaders’ Dashboard](#)’ (pp2 and 8), 2019

¹⁷⁴ WHO, ‘[World Malaria Report 2018: India country profile](#)’, 2018

- 12.1.2 The WHO [‘World Malaria Report 2018: India country profile’](#), showed the regions of India at greatest risk and gave detailed information on treatment strategies (as of 2017)¹⁷⁵.
- 12.1.3 For further information on the prevalence of malaria in India, refer to the Malaria Site statistics on [‘Malaria in India’](#).¹⁷⁶
- 12.1.4 Antimalarial drugs used in India include Chloroquine, Artemether-lumefantrine, Artesunate, Amodiaquine, Primaquine, Quinine, Sulphadoxine-pyrimethamine, Artesunate, Doxycycline, Tetracycline, Artemether, and various combination therapies¹⁷⁷.
- 12.1.5 MedCOI advised in September 2018, ‘[A]ll drugs and diagnostic services for vector-borne diseases, such as ... malaria, are free, as are insecticide-treated bed nets for malaria control. Immunizations and maternal and child health services are free as well.’¹⁷⁸

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Section 13 updated: 1 September 2020

13. Neurological conditions - Epilepsy

- 13.1.1 It was estimated at a presentation by the Indian Epilepsy Association in 2017 that there were 6-12 million people with epilepsy in India¹⁷⁹.
- 13.1.2 MedCOI advised that the following treatment was available in India, for example at the Postgraduate Institute of Medical Education and Research (PGIMER) in Chandigarh (a public hospital in Punjab):
- inpatient treatment by a neurologist
 - outpatient treatment and follow up by a neurologist
 - long term institutional around the clock care
 - outpatient treatment and follow up first line doctor (GP)
 - laboratory testing and diagnostic imaging, e.g. by means of EEG¹⁸⁰.
- 13.1.3 MedCOI found that levetiracetam, carbamazepine, valproic acid/valproate and diazepam were available¹⁸¹. For other antiepileptic drugs available in India, see [Available medication](#).
- 13.1.4 The Indian Epilepsy Association listed some [support groups](#)¹⁸².

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¹⁷⁵ WHO, [‘World Malaria Report 2018: India country profile’](#), 2018

¹⁷⁶ Malaria Site, [‘Malaria in India’](#), 13 February 2019

¹⁷⁷ WHO, [‘World Malaria Report 2018: India country profile’](#), 2018

¹⁷⁸ MedCOI, 7 September 2018

¹⁷⁹ Indian Epilepsy Association, [‘Epilepsy and Law in India’](#) (p.v), 2017

¹⁸⁰ MedCOI, 29 April 2020

¹⁸¹ MedCOI, 29 April 2020 and 27 February 2020

¹⁸² Indian Epilepsy Association: Epilepsy India, [‘E-Support Groups / Self Help Groups’](#), n.d

14. Obstetrics and reproductive health

14.1.1 According to an article published in the International Journal of Obstetrics and Gynaecology in September 2019:

‘The maternal mortality ratio is estimated to be 174 per 100 000 live births, and similarly the neonatal mortality rate remains high, with the most recent estimate at 25.4 per 1000 live births.

‘Given India's increasing socioeconomic status, these indicators are still comparatively high. This is despite strong government support and several innovative initiatives that have been introduced in India to improve maternal and newborn health outcomes, including dedicated strategic funding through the National Rural Health Mission and the introduction of accredited social health activists, auxiliary nurse-midwives and Anganwari workers.

‘There is large variation in coverage and health outcome indicators across the various states, and generally, urban populations and those in the higher wealth quintiles are better served than are those who have low incomes and live in rural areas.

‘Overall, only one in four women received what was considered to be adequate antenatal care, with women in rural areas and who were illiterate less likely to receive care or good-quality care than others.’¹⁸³

14.1.2 The same article noted:

‘Female infertility, including tubal factor infertility, is a major public health concern worldwide ... Although the new Sustainable Development Goal (SDG3) has prioritised universal access to sexual and reproductive health care, many women who experience infertility in India are unable to access and/or afford high-quality care ... However, often infertility remains “unexplained”.

‘There is a need for improved education and standardisation of screening, diagnosis, treatment and management not just during pregnancy but also after childbirth to improve both short- and long-term maternal health and wellbeing.’¹⁸⁴

14.1.3 The World Health Organization (WHO) reported in 2018 that 75% of rural births were supervised, as compared to 89% of urban deliveries¹⁸⁵. State-subsidized schemes such as Janani Shishu Suraksha Karyakram allowed pregnant women delivering in public health institutions to free transport and no-expense delivery, including caesarian section¹⁸⁶.

14.1.4 ‘Manyata’, implemented by the Federation of Obstetric and Gynecological Societies of India, is a quality-improvement and certification programme that aims to increase adherence to clinic standards among providers in India’s

¹⁸³ Int. Journal of Obstetrics & Gynaecology, [‘Priorities in health care for...’](#), 2 September 2019

¹⁸⁴ Int. Journal of Obstetrics & Gynaecology, [‘Priorities in health care for...’](#), 2 September 2019

¹⁸⁵ WHO, [‘India has achieved groundbreaking success...’](#), 10 June 2018

¹⁸⁶ WHO, [‘India has achieved groundbreaking success...’](#), 10 June 2018

growing private maternal health care system. It aims to align quality standards in the private sector with those of the public sector¹⁸⁷.

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Section 15 updated: 1 September 2020

15. Palliative care

- 15.1.1 Dr. M.R. Rajagopal, a leading palliative care specialist, informed the Hindu newspaper in June 2018 that 'Just 1%-2% of people have access to palliative care, or pain management, in India.'¹⁸⁸ Until the Narcotic Drugs and Psychotropic Substances Act of 1985 was amended in 2014, it was difficult to procure a license for acquiring, storing and dispensing oral morphine. Consequently, most hospitals did not apply for a license¹⁸⁹.
- 15.1.2 According to Dr Rajagopal, progress was made following the creation of a National Programme in Palliative Care in 2012 although provision varied from state to state¹⁹⁰. A study published in 2008 found that Kerala had 83 palliative care services as against 139 for the rest of the country; by 2014 Kerala had more than 170 institutions stocking and dispensing oral morphine. Each of about 900 local administrative areas in the state employed a nurse trained in palliative care¹⁹¹.
- 15.1.3 The Indian Association of Palliative Care reported in February 2020 that the All India Institute of Medical Sciences (AIIMS), in collaboration with the Asia-Pacific Hospice Palliative Care Network (APHN), was providing a palliative care training program for cancer treatment centres in India¹⁹².
- 15.1.4 A directory of hospice and palliative care providers in India appears on the website of the [International Association for Hospice and Palliative Care](#)¹⁹³.

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Section 16 updated: 1 September 2020

16. Renal (kidney) failure and dialysis

- 16.1.1 There are about 220,000 new end-stage renal disease patients in India each year¹⁹⁴.
- 16.1.2 Treatment costs vary to an extent from state to state¹⁹⁵. The following is an example, from MedCOI, of treatment availability and cost at a public hospital in Chandigarh, in the State of Punjab (April 2020):
- Inpatient or outpatient treatment by a Nephrologist: Free

¹⁸⁷ Devex, '[A unique maternal health program...](#)', 7 November 2019

¹⁸⁸ The Hindu, '[Just 2% have access to palliative care...](#)', 16 June 2018

¹⁸⁹ Cancer Control, Rajagopal, M.R., '[The current status of cancer care in India](#)', 2015

¹⁹⁰ Cancer Control, Rajagopal, M.R., '[The current status of palliative care in India](#)' (p57), 2015

¹⁹¹ Cancer Control, Rajagopal, M.R., '[The current status of palliative care in India](#)' (p59), 2015

¹⁹² Indian Association of Palliative Care, '[CTC 4 Training Programme...](#)', February 2020

¹⁹³ International Association for Hospice and Palliative Care, '[Directory: Asia](#)', n.d

¹⁹⁴ NHP, '[Pradhan Mantri National Dialysis Programme](#)', 24 October 2018

¹⁹⁵ MedCOI, 14 April 2020

- Laboratory testing of kidney function (creatinin, ureum, proteinuria, sodium,potassium levels): Free
 - Chronic haemodialysis (3 times/week): Free¹⁹⁶.
- 16.1.3 The following nephrology medicines were available free of charge at the above hospital: sevelamer, lanthanum carbonate, calcium acetate, calcium carbonate, sodium (natrium) polystyrene sulphonate, calcium polystyrene sulphonate and magnesium carbonate¹⁹⁷.
- 16.1.4 There are about 250 kidney transplant centres in India¹⁹⁸. For example, transplantation centres in Gujarat, one of 36 states and union territories in India, are listed on the website of the [India Renal Foundation](#)¹⁹⁹.
- 16.1.5 An Indian Transplant Registry was established in 2005²⁰⁰. The law is restrictive on who can be an organ donor²⁰¹.
- 16.1.6 As of 2018, there were approximately 4,950 dialysis centres in the country, largely in the private sector, providing haemodialysis or peritoneal dialysis²⁰². However, there are insufficient dialysis centres and machines in India to meet demand²⁰³. The [Pradhan Mantri National Dialysis Programme](#) was established in 2016 as part of the National Health Mission (NHM) for the provision of free dialysis services to the poor²⁰⁴.

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Section 17 updated: 1 September 2020

17. Tuberculosis (TB)

- 17.1.1 According to the WHO 2019 Global TB report, India accounted for more than one-fourth of all tuberculosis cases in the world, and was also the country with the highest number of multidrug-resistant TB (MDR-TB) cases²⁰⁵. There were estimated to be a total of 2.69 million TB cases in 2019, or 199 per 100,000 population²⁰⁶. WHO statistics showed that treatment was being administered in 74% of notified cases and that there had been an 81% success rate in the treatment of all new and relapsed cases registered in 2017²⁰⁷.
- 17.1.2 In 2018 the prime minister launched a national strategic plan to eliminate TB in India by 2025²⁰⁸. It is intended to ‘rapidly scale up the number of people who are tested and successfully treated, with a focus on active case finding

¹⁹⁶ MedCOI, 14 April 2020

¹⁹⁷ MedCOI, 27 February 2020

¹⁹⁸ Indian Journal of Urology, Shroff S.: ‘[Current trends in kidney transplantation in India](#)’, 2016

¹⁹⁹ India Renal Foundation, ‘[Transplant centres in Gujarat](#)’, n.d

²⁰⁰ Indian Journal of Urology, ‘[Indian transplant registry](#)’, July-September 2007

²⁰¹ Indian Journal of Urology, ‘[Legal and ethical aspects of organ...](#)’, July-September 2007

²⁰² NHP: ‘[Pradhan Mantri National Dialysis Programme](#)’, 24 October 2018

²⁰³ NHP: ‘[Pradhan Mantri National Dialysis Programme](#)’, 24 October 2018

²⁰⁴ NHP: ‘[Pradhan Mantri National Dialysis Programme](#)’, 24 October 2018

²⁰⁵ WHO, ‘[Global Tuberculosis Report 2019](#)’ (p35 and 59), 17 October 2019

²⁰⁶ WHO, ‘[Global Tuberculosis Report 2019](#)’ (p204), 17 October 2019

²⁰⁷ WHO, ‘[Global Tuberculosis Report 2019](#)’ (p204), 17 October 2019

²⁰⁸ Devex, ‘[India aims to eliminate TB by 2025](#)’, 15 March 2018

including slum and prison communities, hard-to-reach rural areas and populations known to have high rates of malnutrition.²⁰⁹

- 17.1.3 MedCOI advised in February 2020 that the following treatment was available in India, for example at the National Institute of TB and Respiratory Diseases in New Delhi (a public facility):
- inpatient treatment by a tuberculosis specialist
 - outpatient treatment and follow up by a tuberculosis specialist
 - laboratory research: sputum smear microscopy (tuberculosis)
 - laboratory research: resistance test for tuberculosis drugs
 - diagnostic imaging: ECG²¹⁰
- 17.1.4 MedCOI has also confirmed that ‘Treatment facilities for Multi-Drug Resistant Tuberculosis (MDR-TB) is available in almost all district hospitals and Medical College Hospitals.’²¹¹
- 17.1.5 A broad range of drugs for TB treatment, including MDR-TB treatment, is available in India; these include isoniazid, rifampicin/ rifampin, pyrazinamide, ethambutol²¹², delamanid, terizidone, bedaquiline (Sirturo®), clofazimine and cycloserine²¹³.

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Section 18 updated: 1 September 2020

18. Care for the elderly

18.1 Legal provisions

- 18.1.1 The [Maintenance and Welfare of Parents and Senior Citizens Act, 2007](#) places a legal obligation on all ‘adult children’ in India to provide for the maintenance of their parents and grandparents who are aged 60 and older²¹⁴. ‘Maintenance’, as defined in the Act, includes residence, food, clothing and medical attendance and treatment²¹⁵. The Act extends to the whole of India, except the state of Jammu and Kashmir; it also applies to citizens of India who are outside of India²¹⁶.
- 18.1.2 In the case of a senior citizen (aged 60+) who is childless, the [Act](#) provides that a relative has an obligation to provide for his/her maintenance **if** the relative has sufficient means **and** either has possession of the senior citizen’s property or stands to inherit from him/her²¹⁷.

²⁰⁹ Devex, [‘India aims to eliminate TB by 2025’](#), 15 March 2018

²¹⁰ MedCOI, 4 February 2020

²¹¹ MedCOI, 4 February 2020

²¹² MedLine India, [‘Antibiotics’](#), accessed 27 July 2020

²¹³ MedCOI, 4 February 2020

²¹⁴ Govt. of India, [‘Maintenance and Welfare of Parents and Senior Citizens Act, 2007’](#), Articles 1, 2, 4

²¹⁵ Govt. of India, [‘Maintenance and Welfare of Parents and Senior Citizens Act, 2007’](#), Article 2(b)

²¹⁶ Govt. of India, [‘Maintenance and Welfare of Parents and Senior Citizens Act, 2007’](#), Article 1(2)

²¹⁷ Govt. of India, [‘Maintenance and Welfare of Parents and Senior Citizens Act, 2007’](#), Article 4(4)

18.2 Residential care

18.2.1 A paper published in the International Journal of Social Sciences and Management in 2018 observed:

‘The joint family system has been prevalent for a long time in India and the children, especially the sons, cared for their aged parents. Nevertheless, in recent times, there has been a change in the family structure and the traditional joint family system is on the decline ... [T]his has led to the issue of community care for aged parents and the emergence of old age homes in India.

‘Though there are no concrete figures for old age homes in India, their number is estimated to be more than 1000.’²¹⁸

18.2.2 Article 19 of the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 directs that state governments ‘may establish and maintain such number of old age homes, at accessible places, as it may deem necessary, in a phased manner, beginning with at least one in each district and to accommodate in such homes a minimum of one hundred [and] fifty senior citizens who are indigent.’²¹⁹

18.2.3 The website NGOs India gives details of a number of NGOs which maintain ‘[Old age homes and old age care centres](#)’²²⁰.

18.2.4 The [Alzheimer's & Related Disorders Society of India](#) also runs care homes, day care facilities and home care services in various centres²²¹.

18.3 Geriatric medical care

18.3.1 According to an article which appeared in the Journal of Mid-Life Health in 2014:

‘There is no specialized training in geriatrics in most medical schools in India.

‘Similarly the nursing and other paramedical staff members are not formally trained in providing care for elderly patients.

‘Only selected facilities have a dedicated geriatric unit, but concentrated in urban areas and highly expensive. Very few hospitals provide inpatient geriatric care. Although, there are hundreds of old-age homes, day-care centers and mobile medicare units that provide care to the elderly population, these facilities are managed by NGOs or funded partially by government, but are urban-based, expensive or focused on tertiary as opposed to primary care.

‘The Government of India formulated the National Program for the Health Care of Elderly in 2011 to provide easy access to preventive, promotive, curative and rehabilitative services to the elderly at all levels of health care

²¹⁸ I J of So Sciences and Mgt., [Status of the Elderly and Emergence of Old Age Homes in India](#), 2018

²¹⁹ Govt. of India, ‘[Maintenance and Welfare of Parents and Senior Citizens Act, 2007](#)’, Article 19

²²⁰ NGOs India, ‘[Old age homes and old age care centres](#)’, n.d. (Click on each NGO name for info.)

²²¹ Alzheimer's & Related Disorders Society, ‘[Our services](#)’, n.d.

delivery system along with specialized long-term and short-term training of health professionals to address the growing health needs of the elderly.²²²

- 18.3.2 The NGO 'HelpAge India' published a [study](#) in June 2020 on the impact that the Covid-19 lockdown was having on the lives of elderly people in several Indian states²²³.

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Section 19 updated: 1 September 2020

19. Checking the availability of specific medicines

- 19.1.1 The availability of a specific medicine in India can be investigated by accessing the **Medline India** database – [Generic index](#). Click on the generic name for details of the brand name(s) used for that drug in India and the name of the pharmaceutical company supplying/marketing each brand. Click on [Companies](#) for the contact details of each pharmaceutical company.

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²²² Journal of Mid-Life Health, Tripathy, J.P.: '[Geriatric care in India: A long way to go](#)', Oct-Dec 2014

²²³ HelpAge India, '[The Elder story: ground reality during Covid19](#)', June 2020

Terms of reference

A 'Terms of Reference' (ToR) is a broad outline of what the CPIN seeks to cover. They form the basis for the [country information section](#). The Home Office's Country Policy and Information Team uses some standardised ToRs, depending on the subject, and these are then adapted depending on the country concerned.

For this particular CPIN, the following topics were identified prior to drafting as relevant and on which research was undertaken:

- Overview of Health Care System
- Public sector
- Private sector
- Pharmaceuticals
- Medical conditions: Note on Covid-19
- Medical conditions: HIV/AIDs
- Medical conditions: Cancer (oncology)
- Medical conditions: Mental health
- Medical conditions: Cardiac
- Medical conditions: Renal failure and dialysis
- Medical conditions: Diabetes
- Medical conditions: Paediatrics
- Medical conditions: Obstetrics, gynaecology
- Medical conditions: Hepatitis
- Medical conditions: Malaria
- Medical conditions: Tuberculosis
- Medical conditions: Ophthalmology
- Medical conditions: Other
- Palliative care
- Care for the elderly
- Guide to checking the availability of specific medicines

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Version control

Clearance

Below is information on when this note was cleared:

- version **1.0**
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