World Health Organization
India

ANNUAL REPORT 2024

Title: WHO Country Office for India, Annual Report 2024
ISBN: 978-92-9022-999-5

Printed in India

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The year 2024 saw remarkable achievements in public health in India.

India has eliminated trachoma as a public health problem and is close to eliminating kala-azar (visceral leishmaniasis). WHO's field teams continued to play a pivotal role in supporting Government of India's efforts to eliminate tuberculosis (TB), measles and rubella, malaria, leprosy, and lymphatic filariasis. From strengthening immunization services for disease prevention, and laboratory networks for screening, early detection and treatment, WHO teams on-the-ground worked shoulder-to-shoulder with government officials at the national, state and district levels, partners and frontline health workforce to realize India's mission of ensuring health for all.

This year we supported the flood response in Bihar, and the public health response to the confirmed case of vaccine-derived poliovirus-1(VDPV1) in Jengrip village of West Garo Hills district in Meghalaya on 12 August. We witnessed the advancement of Digital Health Mission to deliver quality healthcare at scale. Since 2018, WHO has been a technical partner for the Ministry of Health and Family Welfare's Integrated Health Information Platform, which monitors over 40 diseases and health conditions.

During my field visits to Kerala, Assam and Arunachal Pradesh, I met inspiring frontline workers and heard incredible stories of how they ensured communities stepped up to avail health services. Dr Tana Tath, medical officer at Primary Health Centre Yachuli in Arunachal Pradesh, organizes health camps on holidays for festivals and public fairs, and encourages his colleagues to bring their families along so they can also spend some time together.

It's through efforts of these heroes that the 75/25 initiative, launched in 2023, has about 58.6 million people with hypertension and/or diabetes registered for treatment as of December 2024. This initiative represents a significant step towards tackling the growing burden of noncommunicable diseases (NCDs).

Working with the Government's health systems strengthening mission, 'Ayushman Bharat', WHO field teams supported advocacy, planning and implementation activities in 52 underserved blocks under the Aspirational Blocks Programme in 2024. Our teams also provided technical assistance for the roll-out of comprehensive primary health care services. Appropriately, the Universal Health Coverage Day (UHC) observed on 12 December continued to remind us of our ongoing mission.

While progress has been significant, challenges remain. Climate change, pandemics and rising inequalities remain a threat and underscore the urgency for building resilient health systems.

Our work is made possible by the hard work and commitment of my colleagues at WHO and our esteemed partners, who ensure that WHO has the resources necessary to protect and promote public health in the country.

I look forward to another rewarding journey with our partners who support us in our endeavor to deliver health for all. The onus is on all of us.

Wishing you all, a fulfilling and impactful year ahead.

Dr Roderico H. Ofrin
WHO Representative to India

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Catalyzing change for
health and social impact

Delivering integrated primary health services in aspirational blocks

The Government of India launched the Aspirational Blocks Programme (ABP) in 2023 across 500 blocks (sub-district administrative units) in 27 states and four union territories (UT) to enhance several socio-economic and development parameters such as education, health and nutrition; agriculture and allied sciences; basic infrastructure; and social development.

The national, state and UT governments along with the NITI Aayog and other partners are working in tandem with district administrations for efficient and sustainable service delivery in the identified blocks. The ABP gives flexibility to state governments and administrators to design customized strategies tailored to geography, social context, local opportunities, and challenges. Block officers are identified as 'Leaders of Change' and equipped with skills and competencies to drive transformative change in their respective blocks.

WHO teams are directly working in 52 aspirational blocks in 10 states, including 27 in Rajasthan in improving key health indicators by supporting health system strengthening through advocacy, gap analysis, planning and implementation activities; stakeholder and intersectoral coordination; orientation and capacity building; programme-specific technical guidance; and supervision, progress tracking and documentation.

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WHO has also undertaken a baseline assessment of the urban immunization system in West Bengal, using the WHO Health Systems Building Blocks for governance, planning, service delivery, infrastructure, health workforce, and community engagement, aiming to provide evidence-based recommendations.

India meets WHO global standards for vaccine regulation

WHO plays a pivotal role in supporting countries in strengthening their regulatory systems, and promoting equitable access to quality, safe, efficacious, and affordable medical products and health products. A WHO-led team of international experts has affirmed that the National Regulatory Authority (NRA) of India and relevant institutions meet WHO published indicators for a functional vaccine regulatory system. This achievement will boost confidence, trust and reliance on India's regulatory system.

The WHO NRA re-benchmarking assessment conducted from 16-20 September, assessed India's vaccine regulatory system, re-benchmarking it against the WHO Global Benchmarking Tool (GBT), measuring the maturity of the system and updating the institutional development plan of NRA and other relevant institutions. The assessment declared India's vaccine regulatory system functional against the WHO Global Benchmarking Tool at Maturity Level 3.

A functional NRA is a criterion for WHO prequalification of vaccines and a prerequisite for manufacturers to supply to countries through United Nations (UN) procuring agencies. As the third largest producer of vaccines by volume in the world, and 14th largest producer by value, India is currently supplying lifesaving vaccines to several countries and UN agencies, including WHO, UNICEF, and others.


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National Public Health Support Network:
protecting future generations

240 medical officers

The National Public Health Support Network (NPSN) has a strong team of 240 medical officers strategically located across the country.

The team provides technical assistance at the national, state, district, and block levels in implementing various national programmes. The core areas of work include activities to sustain polio-free status, accelerate measles and rubella elimination, and control other vaccine preventable diseases. The network supports the planning and implementation of processes to strengthen routine immunization coverage across the country, through microplanning, capacity building, monitoring in high-risk areas and feedback sharing through an accountability framework of national, state and district task forces.

NPSN also supports new vaccine introduction, strengthening surveillance of vaccine preventable diseases (VPDs) and response to adverse event following immunization (AEFI) and causality assessment.

Monitored over 5.3 mn children under 5 years across India

Monitored 494 530 routine immunization sessions

Monitoring routine immunization across India

- 5.3 million children under 5 years
- 494 530 routine immunization sessions

Urban immunization: Based on the learnings of a pilot study in 14 cities, WHO is now supporting the improvement of urban immunization in 214 cities under National Urban Health Mission (NUHM) as part of the government's Zero Dose Implementation Plan.

Capacity building for immunization services at the primary health care level

Skilling the health workforce in immunization planning and service delivery is a critical strategic intervention under Government of India's the National Coverage Improvement Plan. WHO supported training of health workers on improved and inclusive microplanning in 11 states, 143 districts, 1550 blocks, 214 cities under NUHM and 4271 planning units.

WHO also supported the dissemination of national guidelines through workshops across India, training over 320 000 health workers to strengthen routine immunization.


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*Zero Dose Implementation Plan

- Nearly 88 000 health functionaries trained on microplanning
- Facilitated digitization of 94% immunization microplans
- Monitored 3 459 065 children up to 5 years
- Engaged 98 medical officers, 38 rapid response team members, 10 urban focal persons, 1114 field monitors and 430 external monitors for supporting implementation
- Conducted workshops on microplanning in 143 districts, 205 cities, 1550 blocks and 4260 planning units
- Facilitated 101 state-, 3833 district-, 18 600 block and 539 city-level task force meetings

*Children who have not received immunization in first year of life

Trained
4331 medical officers
56 237 ANMs
265 390 ASHAs

Engaged
98 medical officers
38 rapid response team members and
10 urban focal persons

Facilitated task force meetings
3833 district-level
18 600 block-level
539 city-level

Conducted workshops on microplanning in
143 districts
205 cities
1550 blocks

3 459 065 children up to 5 years monitored in Zero Dose Implementation Plan states


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Guidance on immunization and surveillance

WHO supported the Ministry of Health & Family Welfare in revising and publishing the four key national documents for skill enhancement of the health workforce:

- Routine Immunization Manual for Medical Officers
- Routine Immunization Manual for Health Workers
- Adverse Event Following Immunization Surveillance and Response Guidelines
- Poliomyelitis Surveillance Guidelines

Surveillance of vaccine-preventable diseases
Polio eradication, measles-rubella and neonatal tetanus elimination, and diphtheria and pertussis control

WHO is working with the government at national and sub-national levels to support surveillance of VPDs.

Over the years, a strong network of 52 000 health facilities have been nurtured to report suspected acute flaccid paralysis (AFP), fever-rash and diphtheria-pertussis cases.

- WHO SMOs conducted over 100 000 active case searches.
- Reported 29 000 AFP, 108 000 fever rash and 8000 diphtheria-pertussis cases.

The evidence generated from VPD surveillance is utilized by the government to plan the public health response, Mission Indradhanush, catch-up campaigns, school vaccination, and supplementary immunization activities.

Initiated in January 2024 across 21 health institutions, the immunodeficiency-associated vaccine-derived poliovirus (iVDPV) surveillance demonstrates India's commitment to the polio endgame strategy and has helped in the detection of two iVDPV 3 cases in 2024.

Accelerating measles and rubella elimination

WHO provides technical expertise and on-ground support to the government on measles and rubella (MR) elimination as well as capacity building of health personnel for surveillance and conducting active case searches in reporting sites.

- Supported investigation of 963 suspected outbreaks - *of these, 35% were measles, 2% rubella and 57% were negative outbreaks.*
- Over 200 000 children were given additional MR dose following outbreak response immunization.
- Facilitated 61 state workshops in 17 states and 1674 district workshops in 711 districts, which led to significant improvement in MR surveillance sensitivity.
  In 2024, 100% states and 91% districts in India surpassed the Global Standard of MR surveillance sensitivity of 2/100 000 population.

The WHO-NPSN team in Karnataka has carried out an independent assessment of MR elimination progress, identifying key gaps and challenges that must be addressed to achieve elimination.

City-based typhoid fever surveillance

WHO will support MoHFW in roll-out of city-based, laboratory-supported surveillance in 30 cities across India in 2024-2025, marking a significant leap in surveillance and public health preparedness for typhoid. WHO supported the development of surveillance protocol, guideline and training package; assessment of laboratories and sentinel sites; and capacity building through conducting workshops in six cities in 2024. Typhoid fever surveillance became operational in Ahmedabad and Indore by September 2024, and the data generated is providing insights into disease epidemiology and antimicrobial resistance patterns among lab-confirmed cases.

Strengthening laboratory network for surveillance

WHO provides technical support to the MOHFW for capacity building, and quality assurance of the VPD laboratory network. This network comprises of 10 polio, 28 MR and 21 diphtheria-pertussis laboratories.

The network of polio laboratories in India meet the global performance standards and tests nearly 60 000 stool specimens collected under AFP and iVDPV surveillance and nearly 1800 samples collected under environmental surveillance.

The MR laboratories processed more than 110 000 serology samples. In addition to support the annual accreditation of these laboratories, WHO also organized training on real-time RTPCR as well as sequence editing and analysis in 2023-2024.

Diphtheria-pertussis laboratories are also being strengthened for testing of samples collected under sentinel typhoid fever surveillance.

VPD laboratory network

10 polio labs
28 MR labs
21 diphtheria-pertussis labs

110 000 serology samples processed by MR laboratories

60 000 stool specimens collected under AFP and iVDPV surveillance

1800 samples collected under environmental surveillance


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Communicable diseases: *actions towards elimination*

Trachoma elimination in India

India validated for trachoma elimination — WHO India drafted dossier and facilitated the approval process

India proudly announced the elimination of trachoma as a public health problem, a historic milestone in the nation's public health journey through relentless efforts, strategic interventions, and the unwavering support from WHO and partners.

Trachoma was a significant cause of blindness in India, with high prevalence rates in the northern states. The National Programme for Control of Blindness and Visual Impairment (NPCBVI), initiated in 1963, laid the foundation for systematic control measures. The implementation of the WHO's SAFE strategy (surgery, antibiotics, facial cleanliness, and environmental improvement) played a pivotal part in this success. Impact surveys in Car-Nicobar and other regions demonstrated a dramatic decline in active trachoma cases, from over 50% in some areas to below the elimination threshold. Key contributions came from Dr Rajendra Prasad Centre for Ophthalmic Sciences, AIIMS Delhi, and WHO, especially in dossier preparation. Government of India (GoI) initiatives such as Swachh Bharat Abhiyan and Jal Jeevan Mission, implemented by various ministries, played a crucial role in improving overall hygiene and access to clean water and sanitation.

The journey from high prevalence to elimination of trachoma, highlights the power of coordinated public health efforts and community engagement in combatting neglected tropical diseases.

India on the path to elimination: a historic drop in kala-azar cases

As of September 2024, India has successfully reduced kala-azar cases to 371, down from 498 in the same period last year, marking a significant public health achievement. Notably, all 633 endemic blocks across Jharkhand, Uttar Pradesh, Bihar, and West Bengal have reported less than 1 case per 10 000 population. India's progress in kala-azar elimination was recognized during a WHO-facilitated national review in May 2024, held in Ranchi, which highlighted key accomplishments while pinpointing areas for further enhancement, reinforcing the commitment to sustain these gains and strive for a "zero" kala-azar future. WHO continues to support kala-azar sustenance and establish the post- elimination programme.

WHO supports India's fight against TB at the panchayat-level

WHO works closely with the National Tuberculosis Elimination Programme to support India's fight against TB. Achievements in 2024, included pan-India rollout of safer, shorter regimens for drug resistant TB and expansion of high-sensitivity diagnostics. Over 1.6 million individuals, including PLHIV, have received TB preventive therapy (TPT), enhancing protection for high-risk groups.

The TB Mukt Panchayat (TB-free village council) initiative mobilized over 250 000 panchayats, with 18 281 declared TB-free in 2023. Under the Pradhan Mantri TB Mukt Bharat Abhiyaan (PMTBMBA) initiative, 0.16 million Ni-kshay Mitras supported 0.94 million patients, improving treatment adherence. The BCG initiative vaccinated five million with expected impact on TB case reduction. Under the multisectoral accountability framework, the inter-ministerial collaboration with the Ministry of Petroleum and Natural Gas led to the deployment of 492 molecular diagnostics machines through corporate social responsibility support, enhancing presumptive examination and case detection capacities.

Mass drug administration for lymphatic filariasis in nine states

Lymphatic filariasis (LF) is endemic in 345 districts across 20 states and UTs in India — by 2024, 139 of these districts cleared transmission assessment survey 1 and completed mass drug administration (MDA), thereby progressing towards elimination targets. WHO provided essential support for MDA in nine states and 159 districts, engaging 42 WHO field personnel and 800 external monitors. WHO also facilitated

trainings for over 1500 laboratory technicians in LF microscopy. A national review meeting post-February 2024 MDA and a post-validation surveillance training was conducted to address programme implementation challenges and ensure robust LF surveillance. These efforts are an integral part of WHO support to the MoHFW in eliminating LF in India.

National Leprosy Eradication Programme review

WHO is supporting states in achieving interruption of transmission of leprosy. The assessment of progress in rolling out the National Strategic Plan for leprosy was conducted by experts through field visits. The capacity building of state leprosy officers from low, moderate, and high endemic states was facilitated by directors of the Regional Leprosy Training and Research Institutes and officials from the Central Leprosy Division and WHO.

Rabies elimination

Rabies deaths in human are 100% preventable through vaccination and prompt medical care. India accounts for about 36% of the world's rabies deaths, mostly amongst children. The National Centre for Disease Control (NCDC), MoHFW, WHO and other key stakeholders came together on World Rabies Day 2024 to develop state action plans, adopting a One Health approach with special focus on ensuring first-aid, anti-rabies vaccine administration after animal bites and vaccinating the dog population.


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Snakebites

In India, around 50 000 deaths occur of an estimated 3-4 million snakebites annually, accounting for half of all snakebite deaths globally. The National Action Plan for Prevention and Control of Snakebite Envenoming (NAPSE), developed with support from WHO, was launched by India on 12 March. The NAPSE aims to halve the numbers of deaths and cases of disability due to snakebite envenoming by 2030.

Accelerating malaria elimination and dengue prevention and control

India achieved an 80% reduction in malaria cases and an 81% reduction in deaths in 2023 compared to 2015. WHO supported National Center for Vector Borne Diseases Control (NCVBDC) in developing India's National Strategic Plan for Malaria Elimination, which was launched by the Union Minister for Health & Family Welfare in January. In addition, guidelines for sub-national malaria elimination verification were also developed with the programme division. WHO collaborated with NCVBDC in organizing a consultation on dengue prevention and control in June, which key ministries discussed their roles and responsibilities and developed a framework for intersectoral collaboration.

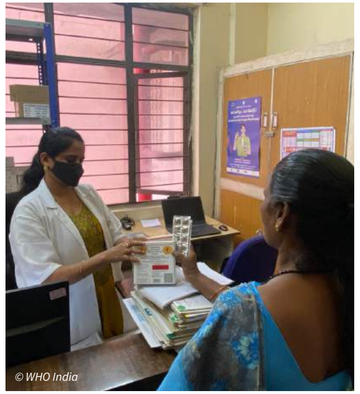
Amid rising dengue and malaria cases in Mumbai, WHO provided technical assistance and organized a training on surveillance, vector control, case management and development of a response plan. In response to rising dengue cases in Karnataka, WHO also conducted a consultation in September on clinical management of cases for district programme officers and clinicians.

Addressing HIV, hepatitis and STI in India

The management of co-infections is critical to reducing morbidities and mortalities among people living with HIV (PLHIV). The National AIDS Control Programme (NACP) and National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD) collaborated to enable people-centered care and integrated services for HIV and noncommunicable diseases (NCDs). WHO supported the development of the joint framework and capacity building workshop for implementation of integrated services in 11 states, covering about 60 000 PLHIV.

WHO is working with the National Viral Hepatitis Control Program on hepatitis burden estimation in India. WHO is also supporting the prevention of maternal to child transmission of hepatitis including HIV and syphilis, as part of the triple disease elimination goal.

To reduce TB associated morbidity and mortality among PLHIV, WHO supported the adoption of a shorter TB preventive treatment (1HP) for PLHIV and training on the updated guidelines, reaching out to about 1500 participants from 500 ART centers across the country. India is the one of few countries to implement 1 HP for PLHIV under the national programme.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Strengthened capacity for AMR containment and infection prevention and control

Antimicrobial resistance (AMR) is associated with approximately 5 million deaths globally every year. WHO supported development of the National Action Plan on AMR 2.0 and State Action Plans for Containment of Antimicrobial Resistance (SAPCAR). Currently, seven states have endorsed their SAPCAR – Kerala, Madhya Pradesh, Delhi, Andhra Pradesh, Sikkim, Gujarat, and Rajasthan. WHO enhanced national capacity for surveillance of antimicrobial consumption (AMC) and use (AMU) in the National Antimicrobial Consumption Network and strengthened AMR surveillance capabilities in Maharashtra, Kerala, and Delhi with development of annual AMR reports and inclusion of these data in India's submission to WHO's Global AMR Surveillance System.

Infection prevention and control (IPC) was prioritized, and state-level IPC programmes were initiated in Kerala, Madhya Pradesh, Chhattisgarh, and Andhra Pradesh.

The national IPC curriculum was developed with essential elements and core competencies for basic, intermediate, and advanced level trainings on IPC for healthcare workers.

Environment:
protecting human and planetary health

Study on effluent treatment plants in hospitals

WHO has been working with MOHFW on improving bio-medical waste management for several years. Hospitals across India expressed the need for a document, which could guide them on viable technologies for managing their liquid waste. WHO is working with subject experts to develop a compendium of effluent treatment technologies, which could give customized solutions to hospitals. A primary assessment on water quality and type of effluent treatment technologies has been carried out in 24 health facilities in two states. Regional consultations are now being planned to discuss the problems and solutions with hospitals and regulators.

Indian health care sector aims to be mercury free

Mercury is a naturally occurring metal that is liquid at room temperature. It is highly toxic and is considered by WHO as a major public health concern. A 2011 Indian study estimated annual national releases of 8 tonnes, with 69% coming from poorly disposed sphygmomanometers and the balance coming from thermometers. The Minamata Convention to control mercury releases into the environment came into force on 16 August 2017 and India ratified the convention in June 2018. To implement India's commitment to the treaty the Ministry of Environment, Forest and Climate Change of India, MoHFW and WHO are jointly implementing a project funded by the Global Environment Facility through UNEP to phase out mercury-based medical devices.

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Health security *and* emergencies

240 000
health facilities covered

Swift responses to over 1200 outbreaks

IHIP: advancing comprehensive disease surveillance and public health interventions

The Integrated Health Information Platform (IHIP) enables real-time data reporting from health facilities to state and central authorities. In 2024, IHIP expanded its surveillance capabilities by introducing specialized modules that address emerging health priorities and align with WHO's public health goals. Key advancements this year include addition of modules like the National One Health Programme for Prevention and Control of Zoonoses, which facilitates cross-sectoral tracking of zoonotic diseases; a lymphatic filariasis module supporting data collection and monitoring for elimination efforts; a module to aid tracking of oral cancer precursors; and a module to log health professionals trained in disaster management.

With data integrated across divisions such as Integrated Disease Surveillance Programme (IDSP), vector-borne diseases (VBD), and over 240 000 health facilities covered, IHIP has significantly enhanced data accessibility for informed decision-making. The platform enabled swift responses to over 1200 outbreaks this year, leading to faster containment and improved health outcomes. By expanding surveillance scope, IHIP is reinforcing India's capacity to monitor, manage, and mitigate health risks.

Building resilience: global community of practice for climate-safe health infrastructure

WHO India in collaboration with the Coalition for Disaster Resilient Infrastructure (CDRI) has launched a community of practice (CoP) on resilient health infrastructure, which connects policymakers, practitioners, and researchers from over 20 countries, advancing resilience in health systems amidst climate and disaster challenges. As a unique knowledge-sharing platform, it promotes integrating health and disaster resilience in infrastructure. WCO India partnered with the Government of Sikkim, Sikkim State Disaster Management Authority (SSDMA), and CDRI to deliver training and create a resilient health system framework, laying the foundation for climate- and disaster-resilient healthcare across all levels.

Strengthening national safety

WHO India developed three comprehensive modules on preparedness, surveillance, and response; pre-hospital management; and medical management of chemical emergencies, in collaboration with the NCDC. At present, no national guidelines exist for surveillance or reporting of chemical incidents, nor is there a specific module for pre-hospital management in such emergencies. These new modules aim to address the essential gaps, significantly enhancing national readiness and response capabilities for chemical emergencies. This also helped in establishing a more coordinated and robust approach to public health and safety in the face of chemical incidents across the country.

National consultation on IHR (2005)

As part of India's commitment to addressing public health challenges, the National Centre for Disease Control (NCDC) in collaboration with WHO India organized a consultation with IHR stakeholders on 22-23 October. The workshop served as a platform to exchange insights on the status of IHR implementation in India, draw lessons from Joint External Evaluation (JEE) experiences of other countries, understand implications of recent global IHR amendments in the country context, and develop a roadmap for strengthening IHR core capacities in India. WHO as a partner in One Health, supports the Pandemic Fund Project aimed at strengthening animal health security in India.

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Food safety emergency response framework

The NCDC, Food Safety and Standards Authority of India (FSSAI) and WHO jointly organized a meeting on 2 August in New Delhi to orient stakeholders on the national food safety emergency plan under the IHR (2005) and communication flow for food safety events. The collaboration will enable health and food safety bodies to share data effectively, encourage FSSAI to leverage upon IDSP-IHIP surveillance for real-time information sharing, promote joint actions based on timely surveillance data to prevent outbreaks.

Community-driven public health response

To equip frontline professionals with essential skills for effective emergency response and integrated risk communication and community engagement (RCCE) modules were incorporated into the Field Epidemiology Training Programme (FETP). RCCE training was also developed for the One Health initiative, focusing on community mapping and resource identification to strengthen grassroots engagement and preparedness. In addition, SectorConnect, an on-the-job capacity building programme for professionals from human health, animal husbandry, wildlife, food safety, and points of entry was implemented at the district level.

Noncommunicable diseases:
disease prevention, health promotion


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58.6 mn
people with hypertension or diabetes registered for treatment

Enabling delivery of hypertension and diabetes services to advance the 75/25 initiative

WHO is supporting the National Programme for Prevention and Control of Non-Communicable Diseases (NPNCD) through NCD consultants and cardiovascular health treatment supervisors in 301 districts across 30 states to enable delivery of essential hypertension and diabetes services. As of December 2024, about 58.6 million people with hypertension or diabetes have been registered for treatment. WHO's field team has played a pivotal role in these efforts, providing training, supportive supervision, and collaborating with state health authorities, which has improved reporting of data, addressed drug shortages, promoted patient-centered care and enhanced adherence to treatment.

Tele MANAS

WHO conducted a review of India's Tele Mental Health Assistance and Networking Across States (Tele MANAS), which has been scaled-up across 34 states and union territories. The findings show that there is a need to increase awareness of Tele MANAS and integrating it with the public health system. Launched on 10 October 2022 (World Mental Health Day), the Tele MANAS helpline has received more than 1.5 million calls till date and the numbers continue to rise, indicating that the programme is addressing an unmet need.

Tobacco-Free Youth Campaign 2.0

India is the second largest consumer of tobacco worldwide with a mortality of over of 1.3 million per annum attributable to tobacco use. The Government of India has a strong focus on protecting the youth from tobacco use through various policy and public engagement initiatives. WHO provided technical support to MoHFW's digital media campaign engaging 63 well-known youth icons including Olympians and social media influencers which had an outreach of about 47 million as of December 2024. The campaign is being further amplified by on-ground activities conducted by state and district tobacco control cells.

Ensuring infants are fed balanced diets

WHO is supporting the Food Safety and Standards Authority of India in revising the national regulation defining compositional and marketing/promotion standards for infant foods to align them with WHO recommendations with the primary aim to reduce the sugar content in these foods.

Community action to prevent drowning

There are around 300 000 annual drowning deaths worldwide. Drowning disproportionately impacts children and young people. Children aged under 5 years account for nearly a quarter of all drowning deaths.. As part of on-ground call to action this year, WHO India, along with officials from central and state governments, academic institutions, and NGOs, joined residents of Baikunthpur village in South 24 Parganas district, West Bengal in an event leading up to the World Drowning Prevention Day observed on 25 July. The villages in the Sunderbans region in the Ganga-Brahmaputra delta, have several fresh and saltwater ponds in proximity of homes, posing an increased risk of drowning. A pond-based swimming pool, located adjacent to the village creche was inaugurated to teach children how to swim and stay safe around water. Children also enacted a play to recreate drowning scenarios and present ways to preventing drowning deaths. Around 500 children joined adults, block-level administration, and frontline health workers to raise awareness about low-cost community-based models to prevent drowning deaths.

Assam focuses on vision correction

The WHO SPECS 2030 initiative was launched in India in Guwahati, Assam, at a National Health Mission Assam-led strategic planning workshop. The event was attended by key stakeholders — education, social justice, health research and healthcare (public, private and NGOs) sectors — MoHFW, and WHO. The participants identified actions for establishing scalable models for saturating refractive care services in Assam. WHO is assisting the Government of Assam in the phased roll-out of SPECS 2030 in two phases in three districts — Kamrup (Rural), Morigaon, and Nagaon — to demonstrate the feasibility and effectiveness of its implementation in diverse healthcare infrastructure settings.

Young gamechangers

As part of a joint UN-Habitat and WHO project, a health profiling and situation analysis was conducted in Jatni town of Odisha. Young people in the city were identified as 'gamechangers' and trained on basics of health and well-being through various health promotion activities. Key ministries involved in this initiative included MoHFW and Ministry of Housing and Urban Affairs at both the national and state levels in addition to the Jatni Municipal Corporation.

Continuum of care for NCDs

A pilot project to improve people-centered integrated service delivery was implemented in collaboration with Ministry of Health & Family Welfare, National Health Systems Resource Centre, state governments and WHO in 13 districts across Chhattisgarh, Madhya Pradesh, Meghalaya, Odisha and Rajasthan. The focus was on health system strengthening through adopting a people-centered approach on hypertension and diabetes management as well as screening of oral, breast and cervical cancers along with other related complications.

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Reproductive, maternal, newborn, child and adolescent health: *investing in a healthy tomorrow*

Expansion of the contraceptive basket in India

WHO supported the expansion of contraceptive basket in India with inclusion of two new contraceptives – subdermal single-rod implants and subcutaneous (SC) injectables. This initiative also included the roll-out of these contraceptives in Delhi, Karnataka and West Bengal. WHO's support was extended across all pillars of health systems including high level advocacy, development of context specific technical and demand generation material, training of over 600 service providers, facilitating quality service provision for insertion of nearly 4300 implants and SC-MPA (injectable contraceptive).

Interprofessional midwifery education toolkit

WHO supported the development of India-adapted version of the 'Essential Childbirth' course of the WHO global interprofessional midwifery toolkit. Designed for both in-service and pre-service midwifery education, this course serves as a valuable resource for continued professional development of health care providers engaged in the care of both mothers and newborns during childbirth and postpartum.

Improving maternal, newborn, and child health

WHO has been instrumental in supporting the Ministry of Health & Family Welfare in developing and implementing the Maternal and Perinatal Death Surveillance and Response (MPCDSR) software by systematically capturing maternal and child deaths across the country.

Home-based Newborn and Young Infant Care Programme guidelines

WHO is working with the MoHFW to revamp the Home-Based Care Programme, under the guidance of a technical advisory group set-up by MoHFW. Consultations on the subject have resulted in key recommendations for the revised programme focusing on capacity building, enhancing inter-sectoral coordination, community awareness, and digital innovation.

Building an investment case and measurement framework for adolescents

WHO collaborated with the Partnership for Maternal Newborn Child Health (PMNCH) and MoHFW to build an investment case and measurement framework for adolescent health and well-being in India. In this context, a multistakeholder consultation and an Inter-Ministerial dissemination event were held in New Delhi. A report on the 'Economic case for investment in the well-being of adolescents in India' was launched at the dissemination event along with sharing of recommendations from the adolescent health and well-being measurement approach.


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WHO supported India's participation in the 12-country Global Action for Measurement of Adolescent Health (GAMA) feasibility study for selecting 47 priority indicators, which serve as a comprehensive framework to support the monitoring of adolescent health at national, regional, and global levels. The GAMA indicator guidance was launched at the Seventy-Seventh World Health Assembly.

Revised guidelines on infant and young child feeding

WHO is supporting MoHFW and Ministry of Women and Child Development in developing a national guideline based on latest global evidence, adopting a community and health system approach to improve infant and young child feeding.


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Health systems: *strengthening the foundation for universal health coverage*

INTEGRATED HEALTH SERVICES AND WORKFORCE

Policy lab to strengthen urban primary health care in West Bengal

WHO's policy lab initiative is supporting the West Bengal government in planning and implementation of health services in urban and peri-urban areas. Through this effort, WHO identified bottlenecks in service delivery and has devised actionable solutions by engaging with over 100 participants including stakeholders from 28 urban local bodies, officials from the health department, NUHM, State Urban Development Agency, representatives from District Project Management Units, and development partners like UNICEF and CINI. The recommendations focused on the four thematic areas: health workforce, service delivery, community engagement, governance and continuum of care.

Strengthening state health workforce: WHO's health labour market analysis (HLMA) in Assam focused on emergency and referral services to ensure a continuum of care, while in Gujarat, it focused on understanding secondary healthcare service delivery and associated challenges.

Health care for nomadic tribes in Jammu & Kashmir: WHO conducted a study on the health status of nomadic tribes in the state and makes recommendations that will enable the state government to address the health needs of these tribal communities.

Supporting tribal health initiatives

WHO provided technical inputs to the Ministry of Tribal Affairs in the development of guidelines and the state proposals for setting up Centers of Competence for pre-natal diagnosis of sickle cell, leading to the approval of 15 such centres in 14 states.

WHO worked with AIIMS Jodhpur as a knowledge partner in developing the proposal for engagement of tribal healers as behavior change advocates and complementing the activities of community health officers and ASHAs in tribal hamlets, leading to the initiation of the pilot project named "Tri-Bal", in the states of Jharkhand, Chhattisgarh, Odisha, Madhya Pradesh, and Assam. This initiative aims to generate evidence for engagement of tribal healers in health care delivery at the tribal hamlets.

Quality of care and patient safety

To promote patient safety and enhance quality of health care, WHO collaborated with six state governments. Through concerted efforts encompassing gap analysis, targeted capacity-building efforts, mentoring activities, and technical guidance for assessments, more than 50 facilities have obtained National Quality Assurance Standards certification.

WHO advocated and contributed to the establishment of a National Center of Excellence (COE) for Patient Safety to serve as a hub for leadership development in the field. Additionally, WHO's involvement in setting up two demonstration sites for medical safety and the training of 50 educators at each site, promises to cascade positive impacts, fostering continuous improvement in medication safety across health facilities.

HEALTH FINANCING

Generating evidence on best practices

To generate evidence on best practices in health financing policy, three technical products which can be adapted by low- and middle-income countries were developed: the first product was a review of practices for reducing fragmentation in publicly subsidized health insurance schemes to improve equity and efficiency; the second, was a guide for countries looking to defragment across their health insurance schemes; and the third was a global review to guide countries on transition from volume-based care to value-based care.

Strengthening PM-JAY

WHO is supporting the Pradhan Mantri Jan Arogya Yojana (PM-JAY) by providing technical assistance on design and implementation. WHO also provides demand-driven local support for real-time analysis of performance as well as cross-state and global desk reviews on key programmatic functions, facilitated by WHO personnel based in the State Health Agencies in Chhattisgarh and Rajasthan. Key activities include evaluation of the insurance scheme and State Health Agency in Madhya Pradesh, a household out-of-pocket expenditure (OOPE) survey in Kerala and capacity building of state and district personnel.

Training the leaders of tomorrow

Training on health financing for post-graduate students was organized at the Indian Institute of Public Health in Shillong, Meghalaya and the Manipal Academy of Higher Education in Manipal, Karnataka. The trainings leverage global WHO resources to provide real-time insight on health financing and policy for participants.

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MEDICAL DEVICES AND PRODUCTS

Strengthening regulatory systems for vaccines and medical products

About 3000 regulators across India have been trained in regulatory practices, quality management systems, and good review practices of medical products. The initiative has also fostered knowledge exchange and strengthened cooperation among key stakeholders involved in vaccine vigilance.

3000 regulators trained

Building capacity for local production of quality and safe medical products

WHO has conducted workshops on current good manufacturing practices (GMP), training 1115 people from 323 pharmaceutical enterprises.Based on a request from Government of India's Department of Pharmaceuticals, WHO has also conducted a study on ethical marketing practices of medical devices, supported the development of global strategy and plan of action on public health and intellectual property, technology transfer and access to health technologies through WHO Health Technology Access Pool for medical products. A memorandum of understanding was signed between WHO and Sree Chitra Thirunal Institute for Medical Sciences and Technology (SCTIMST) for WHO Health Technology Access Pool. To enhance local production capacities for diagnostic tools WHO has partnered with Centre for Cellular and Molecular Platforms (C-CAMP).

1115 people from 323 pharmaceutical enterprises trained on GMP

CIVIL REGISTRATION AND VITAL STATISTICS

Physician-certified verbal autopsy

The implementation of physician-certified verbal autopsy (PCVA) aims to enhance district-level mortality statistics by enabling the identification of probable causes of death in cases lacking medical certification. WHO's approach focuses on developing digital solutions including a PCVA portal for data review and coding of causes of death using the ICD-11 codes. WHO has provided technical assistance in developing the training curriculum for PCVA and supported the state in conducting training-of-trainers for physicians on PCVA to ascertain probable causes.

As part of the pilot programme to integrate verbal autopsies (VA) in the routine civil registration system in Tamil Nadu, about 16 000 VAs were planned across Krishnagiri and Karur districts in 2023. About 15 591 VA records were uploaded to the PCVA portal by December 2024, and in 15 496 cases (99.4%) the probable causes of deaths were ascertained through PCVA.

15 591
verbal autopsy records added to PCVA portal in Tamil Nadu

In 15 496 cases, probable causes of deaths ascertained through PCVA

Promoting rational use of medicines

The self-paced e-learning course has been developed jointly by WHO, Translational Health Science & Technology Institute, and the Pharmacy Council of India to enhance the knowledge of pharmacists in promoting rational use of medicines -- so far, over 6800 pharmacists have enrolled for the course.

Policy support and advocacy on blood safety

WHO continued its technical collaboration with the Blood Transfusion Service Division of the Ministry of Health & Family Welfare for designing systems and implementing blood safety activities. WHO contributed to the conceptualization and development of several normative documents for standards and guidelines for blood transfusion services.


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WHO Country Office *for* India

3000 personnel

280 field units

28 states and

8 union territories

Supporting all levels of government in promoting and protecting the health and well-being of its people.

WHO India's work is aligned with both the national health priorities and the global Sustainable Development Goals (SDGs) for advancing healthcare services, eliminating and controlling diseases, and promoting wellbeing to achieve universal health coverage (UHC).

As the UN health agency and the convenor of the health partners group, WHO India collaborates with development partners to maximize synergies and optimize use of resources through advocacy, dialogue and information sharing.

WHO contributes to India's flagship initiatives for accelerating UHC by providing technical support to Ayushman Bharat (Ayushman Arogya Mandir, Pradhan Mantri Jan Arogya Yojana, Digital Health Mission and Health Infrastructure Mission), One Health Mission, Jal Jeevan Mission, Swachh Bharat Mission, Aspirational Blocks Programme, and more.

Since 1948, WHO in India has been a trusted partner on health priorities through:

- Articulating evidence-based policy guidance that reflect operational realities
- Providing technical and catalytic implementation support
- Generating knowledge and solutions for scale
- Building sustainable institutional capacity
- Monitoring disease surveillance and response
- Establishing partnerships across sectors and stakeholder

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Systems approach for impactful outcomes

Through support for the Aspirational Blocks Programme, WHO is consolidating and integrating work at the sub-national level to deliver last mile service delivery and ensuring that no one is left behind. A structured, evidence-based systems approach leads to significant improvements in care quality, patient safety and experience, and overall health outcomes. By enhancing the planning and management of health care services at all levels, WHO India supports the optimization of services for improved outcomes across all public health programmes, including but not limited to:

WHO India's work is aligned with both the national health priorities and the global Sustainable Development Goals (SDGs) for advancing healthcare services, eliminating and controlling diseases, and promoting well-being to achieve universal health coverage (UHC).

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Our donors *and* partners

Collaboration is at the heart of all we do. Our partners help support WHO's work and field programmes, contribute funding and resources as well as engage in our campaigns and programmes.

WHO works with the Government of India to support the achievement of the national health goals and commitments to the Sustainable Development Goals. Our teams work closely with the Ministry of Health & Family Welfare, allied ministries and other sectors on public health issues and provide support to plan, implement and monitor health programmes. The Government of India funds a part of our activities on public health at national and sub-national levels.

We have strong partnerships with and receive invaluable support for driving our mission and championing health from the Gates Foundation, Global Alliance for Vaccines and Immunization(GAVI), Children's Investment Fund Foundation (CIFF), World Diabetes Foundation (WDF), United States Agency for International Development (USAID), Resolve To Save Lives, Centers for Disease Control and Prevention (CDC), Directorate-General for International Partnerships (INTPA), European Commission, Norwegian Agency for Development Cooperation (NORAD), Sasakwa Health Foundation, Rotary International, Asian Development Bank (ADB), Ministry of Development Cooperation and Humanitarian Affairs, Luxembourg, Bloomberg Family Foundation, Germany, Zhongshan Ophthalmic Center, China, Foreign, Commonwealth & Development Office (FCDO), United Kingdom, Fondation Botnar (FB), Ministry for Europe and Foreign Affairs (MEAE), France, UHC Partnership, Dr Janhavi Nilekani, Chairperson, Aastrika Foundation. WHO also received in-kind support from Glaxo SmithKline (GSK), Novartis, Eisai Co., Ltd., Merck & Co. Inc., Gilead Sciences Inc. for medicines and diagnostics for prevention, treatment, and elimination of diseases like lymphatic filariasis, visceral leishmaniasis and leprosy.

We collaborate with UN Agencies including the Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Human Settlements Programme (UN-Habitat), United Nations Environment Programme (UNEP), United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP) among others to accelerate the country's progress towards achievement of SDGs.

Together, we must continue to collaborate to improve the health and well-being of everyone everywhere.

Thank you for sharing our vision and mission.

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