

# International Co-Operation For Health & Family Welfare

## 12.1 INTRODUCTION

Various International Organisations and United Nations Agencies continued to provide significant technical and material assistance for many Health and Family Welfare programmes in the country. The status of international assistance from various agencies is discussed in this chapter.

## 12.2 WORLD HEALTH ORGANIZATION (WHO)

World Health Organisation (WHO) is one of the main UN agencies collaborating in the Health Sector with the Ministry of Health & Family Welfare, Government of India. WHO provides technical support in the major areas of Health & Family Welfare programmes and health care facilities in the country. Activities under WHO are funded through two sources.

The Country Budget which comes out of contributions made by member countries and Extra Budgetary Resources which comes from (a) donations from various sources for general or specific aspects of health; and (b) funds routed through the WHO to countries by other member countries or institutes / agencies. India is the largest beneficiary of the country budget within the SEA Region. The budget is operated on a biennium basis, calendar year wise.

### 12.2.1 Nodal Functions of WHO

[i] **World Health Assembly:** The World Health Assembly (WHA) is the most important annual event of the World Health Organisation. The WHA is held once every year and deliberates various draft resolutions that are put up for its approval by the Executive Board of WHO. It is the highest policy making body of World Health Organisation where all member countries are represented by high-level delegations.

The 65<sup>th</sup> WHA was held in May, 2012 at Geneva and a high level delegation comprising of officials of this Ministry and Permanent Mission of India (Geneva) under the leadership of the then Secretary (H&FW) Shri P. K. Pradhan attended. The 65<sup>th</sup> WHA has, inter-alia, discussed the following agenda items and the resolutions were adopted on some of the agenda items –

- WHO reform
- Prevention and control of non communicable diseases
- Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level.
- Nutrition
- Early marriages, adolescent and young pregnancies
- Monitoring the achievement of the health-related Millennium Development Goals
- Social determinants of health: outcome of the World Conference on Social Determinants of Health (Rio de Janeiro, Brazil, October 2011)
- Implementations of the International Health Regulations (2005)
- Global mass gatherings: implications and opportunities for global health security
- Pandemic influenza preparedness: sharing of influenza viruses and access to vaccines and other benefits: report on the work of the Advisory Group
- Poliomyelitis: intensification of the global eradication initiative
- Elimination of schistosomiasis
- Draft global vaccine action plan

- Substandard / spurious / falsely – labeled / falsified / counterfeit medical products: report of the Working Group of Member States
- Consultative Expert Working Group on Research and Development: Financing and Coordination
- WHO’s response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies.

**[ii] Meeting of Ministers of Health and Regional Committee of WHO South East Asia Regional Countries:** The Health Ministers’ Meeting (HMM) and the Regional Committee (RC) Meeting of WHO-SEAR countries are held annually. HMM provides a forum for Health Ministers to discuss important health issues in the region as well as for forging bilateral arrangements. The Regional Committee is a forum to review progress made on health issues and to lay down the roadmap for future action.

The 30<sup>th</sup> WHO-SEAR Health Ministers Meeting (HMM) was held at Yogyakarta, Indonesia on 4<sup>th</sup> September 2012, followed by the Sixty-fifth Session of the WHO Regional Committee (RC) for South-East Asia on 5 - 7 September, 2012 at Yogyakarta, Indonesia.

Various agenda items were discussed during the 30<sup>th</sup> WHO-SEAR Health Ministers Meeting (HMM) and the 65<sup>th</sup> Session of the WHO Regional Committee (RC) for South-East Asia and resolutions were adopted on some of these agenda items. Some of the important agenda items discussed during the Sessions are:

30<sup>th</sup> WHO-SEAR Health Ministers Meeting (HMM):

- Ageing and Health.
- Implementation of the International Health Regulations in WHO – SEAR.
- Regional Strategy for Universal Health Coverage.

65<sup>th</sup> Session of the WHO Regional Committee (RC):

- WHO reform
- 12<sup>th</sup> General Programme of Work (GPW) and Proposed Programme Budget 2014 – 15
- Role of WHO in managing emergencies
- Health workforce training and education

- Substandard / spurious / falsely – labeled / falsified / counterfeit medical products and strengthening drug regulatory authorities

- Pandemic Influenza Preparedness (PIP)
- Consultative Expert Working Group on Research and Development: Financing and Coordination
- Progress towards achievement of the immunization targets adopted in the Framework for Increasing and Sustaining Immunization Coverage
- Challenges Polio Eradication
- Regional Strategy for Universal Health Coverage
- Capacity building of Member States in global health
- Process for Nomination of the Regional Director.

**[iii] Session of the Executive Board of WHO:** The Executive Board is composed of 34 individuals technically qualified in the field of health, each one designated by a Member State elected to do so by the World Health Assembly. Member States are elected for three-year terms. The main functions of the Executive Board are to give effect to the decisions and policies of the Health Assembly, to advise it and generally to facilitate its work.

The Board meets at least twice a year; the main meeting is normally held in January, with a second shorter meeting in May, immediately after the Health Assembly.

The 131<sup>st</sup> Session of the Executive Board of WHO was held in May, 2012 at Geneva and Indian delegation comprising of Shri Sanjay Prasad, then Director (IH) and officials of Permanent Mission of India (Geneva) attended the Session. The 131<sup>st</sup> EB, inter-alia, discussed the following agenda items and resolutions were adopted on some of the agenda items:

- WHO reforms
- Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits
- Radiation protection and safety of radiation sources: International Basic Safety Standards

### **12.2.2 Government of India contribution to WHO**

As a member country of WHO, India makes regular contribution to WHO for each biennium. A WHO biennium commences in January of the first year of the biennium

and ends in December of the second year of the biennium. The first installment of GoI contribution for the biennium 2012-13 amounting to US \$ 24,80,010 (Assessed Contribution) and US \$ 90,000 (Voluntary Contribution) have been paid on 22.12.2011 and the Second installment of GoI Contribution for the biennium 2012 and 2013 amounting to US \$ 24,80,010 (Assessed Contribution) and US \$ 90,000 (Voluntary Contribution) have also been released on 27/12/2012.

The Assessed Contribution payable by Government of India to WHO is decided on the basis of UN Scale of Assessment and Government of India have been paying US \$ 55000/- and US \$ 35,000/- as Voluntary Contribution annually towards the WHO / UNICEF / UNDP / World Bank's Special Programme for Research & Training in Tropical Diseases Research (TDR) and UNDP / UNFPO / WHO / World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) respectively.

**12.2.3 Government of India /World Health Organization collaborative Activities:** WHO funding is available for taking services of the experts on contractual basis on specific terms and references; training within and outside the country; holding of workshops, seminars and meetings for raising awareness or exchange of information and medical supplies of equipment, viz: (i) Technical Services Agreement; (ii) Fellowship; (iii) Agreement for Performance of Work; (iv) DFC; and (v) Supplies and Equipment etc.

During the biennium 2012 - 13, 8 Work Plans viz.

- International Health Regulations and related commitments
- Strengthening the pharmaceuticals sector, including Drug Regulatory capacity and Trade and Health
- Improving the Stewardship of India's Health System
- Scaling up reproductive, maternal, newborn, child and adolescent health services
- Ensuring the availability of Universal Health Services Coverage
- Accrediting health service delivery institutions to deliver the agreed services package
- Addressing the increase in co-morbidity due to combinations of CDs & NCDs

- Transitioning WHO service delivery in polio, AIDS & TB have been formulated by WHO – India Office. The Ministry has concurred with them and these have been adopted for implementation, Further the Country Cooperation Strategy (CCS) 2012-17 with India has also been finalized and adopted. Hon'ble HFM Shri Ghulam Nabi Azad inaugurated the same on 29/06/2012.

### 12.3 SPECIAL ACHIEVEMENTS

- I. During the first Global Ministerial Conference on Health Lifestyles and NCD Control held in Moscow in April, 2011, "Mental Health" was considered as part of the global NCD agenda due to India's effort.
- II. India's proposal for introduction of agenda on Mental Health was accepted by WHO and was included in the agenda list for discussion during the 130<sup>th</sup> Session of the Executive Board of WHO held in January, 2012. A Resolution on "*Global Burden of Mental Disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level*" was adopted by the Executive Board of WHO. The draft Resolution in the matter was moved by India and the Indian delegation led by Secretary (H&FW) was primarily responsible for piloting the matter. The resolution which was co-sponsored by Switzerland and USA had been approved by the EB with the recommendation to the 65<sup>th</sup> World Health Assembly (WHA) for adoption of the resolution. The 65<sup>th</sup> WHA in its meeting held during 21 – 26 May, 2012 adopted the resolution.

Mental disorders account for 13% of the global burden of the diseases and, in keeping with latest thinking, the Resolution recognizes the importance of early identification, care and recovery, the problems of stigma, poverty and homelessness and the need for community based intervention including deinstitutionalized care. It is clearly recognized that all countries must take steps to promote mental health and empower persons with mental disorders to lead a full and productive life in the community.

### III. Launch of WHO India's New Country Co-operation Strategy (CCS), 2012 –17

Hon'ble Health & Family Welfare Minister Sh. Ghulam Nabi Azad launched the WHO India's New Country Co-operation Strategy (CCS) with India, 2012 – 17 on 29/06/

2012. The CCS, 2012 – 17 has been developed jointly by the Ministry of Health & Family Welfare and the WHO Country Office for India (WCO).

The key aim of the CCS is to contribute to improving health and equity in India. It also provides the blueprint for unleashing India's role on the global health arena alongside the continued pursuit of health improvement in the country. In this context, it distinguishes and addresses the challenges to India's potential globally as well as impediments in solving long-standing health and health service delivery internally.

To contribute meaningfully to the national health policy process and government's health agenda, the CCS identifies three strategic priorities and the focus areas under each priority are:

**(a) Supporting an improved role of the Government of India in global health**

- *International Health Regulations:* Ensuring the implementation of International Health Regulations and similar commitments
- *Pharmaceuticals:* Strengthening the pharmaceutical sector including drug regulatory capacity and, trade and health
- *Stewardship:* Improving the stewardship capacity of the entire Indian health system.

**(b) Promoting access to and utilization of affordable, efficiently networked and sustainable quality services by the entire population**

- *Financial Protection:* Providing universal health service coverage so that every individual would achieve health gain from a health intervention when needed
- *Quality:* Properly accrediting service delivery institutions (primary health care facilities and hospitals) to deliver the agreed service package

**(c) Helping to confront the new epidemiological reality of India**

- *Health of Mothers and Children:* Scaling up reproductive, maternal, newborn, child and adolescent health services
- *Combined Morbidity:* Addressing increased combinations of communicable and non-communicable diseases

- *Transitioning Services:* Gradual, phased “transfer strategy” of WHO services to the national, state and local authorities without erosion of effectiveness during the transition period.

Incorporating valuable recommendations of key stakeholders, the CCS balances country priorities with WHO's strategic orientation of contributing optimally to national health as well as necessary health system reform for providing better services to individuals and communities, and jointly achieving greater health impact.

**12.4 AIRPORT HEALTH ORGANIZATIONS/ PORT HEALTH ORGANIZATIONS**

Airport and Port Health Organizations (APHO/ PHOs) are subordinate offices of the Directorate General of Health Services. At present, there are 9 PHOs and 5 APHOs, established at all major International Airports and Ports and one Border Quarantine Centre at Attari Border, Amritsar. In addition to these, the Health Offices at Bangalore and Hyderabad Airports and Tuticorin Port have also been established and started functioning in full swing and action has been taken to set up health offices (APHOs) at Ahmedabad, Lucknow and Trivandrum Airports. The recruitment of contractual staff at these 3 APHOs is in advance stage. An Expenditure Finance Committee (EFC) proposal for strengthening 21 existing (10 APHOs, 10 PHOs and 1 BCO) and to establish health offices at 23 POEs (15 Airports, 2 Ports and 6 Border Crossings), is under consideration.

These are statutory organizations discharging their regulatory functions, as delineated under the Indian Aircraft (Public Health) Rules, 1954 and Port Health Rules, 1955, respectively. Apart from this India is also signatory to the International Health Regulations(IHR), framed by WHO and therefore it is obligatory on our part to implement these regulations. Accordingly, both Indian Aircraft Public Health Rules as well as Indian Port Health Rules have been framed in agreement with the International Health Regulations.

Main objective of the APHO/PHOs is to prevent the spread of infectious diseases of epidemic proportions from one country to another, with minimum interference to the world traffic. Some of the important functions of these organizations are – Health Screening of International Passengers, Quarantine, Clearance of Dead Bodies, Supervision of Airport Sanitation, Clearance of Imported Food Items, Vaccination to International Passengers,

Vector Control, etc. Apart from this, issuance of deratting exemption certificate is another major responsibility at International Ports.

WHO has notified a list of Yellow Fever Endemic Countries, under IHR and any person coming to India from these notified endemic countries is required to possess valid Yellow Fever Vaccination Certificate, failing which, such passengers are quarantined for a maximum period of six days. In the light of changing global health scenario, existing IHR have been revised by WHO and these new IHR have come into effect from June, 2007.

In order to revise our own rules, in tune with IHR, a number of workshops have been organized by Directorate General of Health Services and finally, the amended draft Rules is under final stage of approval from Law Ministry.

For development of core capacities at all the Points Of Entry (POEs) for dealing with Public Health Emergency of International Concern (PHEIC), task force meeting of all the stakeholders from all the disciplines including Radionuclear, Chemical, Atomic and Zoonosis is planned as a step towards the development of Contingency Plans and Capacity Building at all the POEs.

	PHO, Chennai	PHO, Cochin	PHO, Vishakhapatnam	PHO, Kandla	PHO, Kolkata	PHO, Marmagoa	PHO, Mumbai	PHO, Tuticorin
No. of Ships Arrived		1204	1723			669		
No. of ships given health clearance	1660	794			2542	669	1940	
No. of ships given free Pratique		45	1723	650		216	59	1092
No. of Ships quarantined								0
No. of ships disinfected			72	250			31	13
No. of ships issued Sanitary Control Certificate								
No. of ships issued Sanitary Control Exemption Certificate	129	137		416	178	106	723	142
No. of Yellow Fever Vaccinations Given	4750	5493	1393	1750	3604	1038	22459	
Food Inspections							12	
No. of Imported food samples lifted						39		
No. of Water samples lifted					6		121	72
No. of Dead Bodies given clearance	4	6	2	5		40		1
No. of entomological surveys undertaken					3	8		
No. of Medical Chests Inspected		53	118	124	115	23	53	
No. of passengers medically Examined		350261	26284+435		28342			
No. of crew medically examined					61403			
No. of medical emergencies attended		12		3				

	APHO, Delhi	APHO, Chennai	APHO, Kolkata	APHO, Bangalore
Flights Arrived/ Inspected	16661			
Aircrafts Disinfected	14977			
Surveillance of International Passengers and Crew for YF	22756			
Quarantine of Passengers	152			116
Yellow Fever Vaccinations	4121		988	
Clearance of Dead Bodies	584	465	74	54
VVIP Food Surveillance	45			
Medical and Flight Emergencies				
Vector Surveillance				
Sanitary Inspection		131		
Food Establishments Inspected		146		

Border Crossing, Amritsar	
Dead Bodies Cleared	250

## 12.5 CUSTOM DUTY EXEMPTION CERTIFICATE

During 2012-13 (upto December, 2012) this Ministry has issued one time Custom Duty Exemption Certificates in favour of –

- Regional Institute of Medical Sciences, Lamphelpat, Imphal (Manipur)
- Four ESI Hospitals – (i) ESIC Medical College and Hospital, Central Green, NIT - 3, Faridabad (Haryana), (ii) ESIC Medical College and Hospital, Village - Nerchowk, Mandi (Himachal Pradesh), (iii) ESIC Medical College and Hospital, Village –

Bihta, Patna (Bihar), (iv) ESI Medical and Dental College and Hospital, Village – Kusnoor, Gulbarga (Karnataka)

- Tata Memorial Centre, Dr. E. Borges Road, Parel, Mumbai (Maharashtra).

## 12.6 FOREIGN TRAVEL BY SENIOR OFFICERS

For the year 2012-13, a provision of Rs.225 lakhs (after 10% austerity cut) has been made against Foreign Travel Expenses under Non-Plan. Out of this, the expenditure till December, 2012 is Rs.1,59,09,945/- (approx.).

## 12.7 VISIT ON FELLOWSHIP / CONFERENCE ABROAD

During the period under report (upto December, 2012) 131 medical personnel were permitted to participate in International conference / symposia etc abroad. This includes 18 medical personnel from CHS cadre who have been granted financial assistance subject to a maximum of Rs.1.00 lakh each to attend International Conference abroad under the scheme which provides financial assistance to attend seminars / conferences abroad in order to acquaint themselves with the latest developments in the field of medicine and surgery in other countries and to exchange views with their counterparts.

## 12.8 AGREEMENTS / MOUs

An Agreement between the Government of India and the Government of the Republic of Latvia on Cooperation in the field of Health Care and Medical Science was signed in Riga (Latvia) on 28<sup>th</sup> February, 2012.

A MoU between the Government of India and the Government of the State of Kuwait on Medical Cooperation was signed in New Delhi (India) on 23<sup>rd</sup> April, 2012.

An Agreement between the Government of India and the Government of the Republic of Tajikistan on Cooperation in the field of Health and Medicine was signed in New Delhi (India) on 03<sup>rd</sup> September, 2012.

A MoU between the Government of India and the Government of the Republic of Burundi on Cooperation in the field of Health and Medicine was signed in New Delhi (India) on 18<sup>th</sup> September, 2012.

## 12.9 MEETINGS / CONFERENCES UNDER THE AEGIS OF INTERNATIONAL COOPERATION

- i. A meeting between Ms. Kathleen Sebelius, Secretary of the United States, Department of Health & Human Services and Shri Ghulam Nabi Azad, Hon'ble Minister of Health and Family Welfare was held on 11<sup>th</sup> January, 2012 in New Delhi to discuss Indo-US Health Initiatives.
- ii. A meeting between Hon'ble Minister of Health & Social Affairs, Government of Sweden and Shri Azad, Hon'ble Minister of Health and Family Welfare was held on 21<sup>st</sup> February, 2012 in New Delhi to discuss various bilateral initiatives relating to Health Sector.
- iii. 5<sup>th</sup> meeting of the Joint Working Group constituted under the MoU signed between India and Sweden on Health Care and Public Health was held on 24<sup>th</sup> February, 2012 in New Delhi.
- iv. A meeting between H.E. Lyonpo Zangley Dukpa, Minister of Health of Bhutan and Shri Azad, Hon'ble Minister of Health and Family Welfare was held on 25<sup>th</sup> February, 2012 in New Delhi to discuss various bilateral issues relating to Health Sector.
- v. A meeting between Ms. Edith Schippers, Minister of Health, Welfare and Sports, The Netherlands and Shri Azad, Hon'ble Minister of Health and Family Welfare was held on 08<sup>th</sup> May, 2012 in New Delhi to discuss various issues on Health and Medicine.
- vi. A delegation led by Shri Azad, Hon'ble Minister of Health and Family Welfare visited USA from 12<sup>th</sup> to 16<sup>th</sup> June, 2012 to attend (i) meeting with US Secretary of Health & Human Services, (ii) India-US Strategic Dialogue, (iii) meeting on 'Child Survival: Call to Action', and (iv) meeting with US Food & Drug Administration (FDA) leadership – including visit to US-FDA headquarter.
- vii. 1<sup>st</sup> meeting of the Joint Working Group constituted under the MoU signed between India and Rwanda

on Health and Medicine was held on 04<sup>th</sup> July, 2012 through Video Conferencing.

- viii. 1<sup>st</sup> Joint Working Group meeting of the South Asian Autism Network (SAAN) was held in New Delhi on 04<sup>th</sup> July, 2012.
- ix. A delegation led by Shri Azad, Hon'ble Minister of Health and Family Welfare visited United Kingdom from 30<sup>th</sup> July to 02<sup>nd</sup> August, 2012 to (i) visit London School of Hygiene and Tropical Medicine, (ii) attend Round Table discussion with Chief Executives of Welcome Trust, (iii) attend meeting of Global Health Policy Forum and (iv) attend the Life Sciences Global Business Summit.
- x. A delegation led by Shri Azad, Hon'ble Minister of Health and Family Welfare visited the Netherlands on 03<sup>rd</sup> and 04<sup>th</sup> October, 2012.
- xi. A meeting between H.E. Ms. Justine Greening, Secretary of State, Department for International Development (DFID), United Kingdom and Shri Azad, Hon'ble Minister of Health and Family Welfare was held on 07<sup>th</sup> November, 2012 in New Delhi to discuss various schemes extended by the DFID to Health Programmes in India.
- xii. 4<sup>th</sup> Joint Working Group meeting of the South Asian Autism Network (SAAN) was held in New Delhi on 12<sup>th</sup> December, 2012 to discuss the 'Modalities' of the 2<sup>nd</sup> SAAN Conference scheduled to be held at New Delhi on 11<sup>th</sup> February, 2013.

Ministerial / Official bilateral meeting between India and Canada, Saudi Arabia, Yemen, Switzerland, New Zealand were held with a view to enhance the bilateral cooperation in the Health Sector during the year 2012-13 (upto December, 2012).

## 12.10 PERMISSION FOR INTERNATIONAL CONFERENCES

In the year 2012-2013 (upto December, 2012) permissions were granted to 112 Organizations / Institutions for holding health related International Conferences in India.