

INTERNATIONAL CO-OPERATION FOR HEALTH & FAMILY WELFARE

12.1 INTRODUCTION

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

12.2 WORLD HEALTH ORGANIZATION (WHO)

World Health Organization (WHO) is one of the main UN agencies collaborating in the Health Sector, with the Ministry of Health & Family Welfare, Government of India and providing technical support. 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 come 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 South East Asia 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 Organization. The WHA is held once every year and deliberates various draft resolutions/decisions that are put

up for its approval by the Executive Board of WHO. It is the highest policy making body of World Health Organization where all member countries are represented by high-level delegations.

A high level delegation from the Ministry participated in the 67th WHA held in May, 2014 at Geneva. The 67th WHA, inter-alia, discussed the following agenda items and the resolutions were adopted on some of the agenda items –

- WHO reform
- **Communicable Diseases:** Draft global strategy and targets for tuberculosis prevention, care and control after 2015, Global vaccine action plan, Hepatitis.
- **Non-communicable Diseases:** Prevention and control of non-communicable diseases, Maternal, infant and young child nutrition, Disability, Comprehensive and coordinated efforts for the management of autism spectrum disorders, Psoriasis.
- **Promoting Health through the Life Course:** Monitoring the achievement of the health-related Millennium Development Goals, Newborn health draft action plan, Addressing the global challenge of violence in particular against women and girls, Multisectoral action for a life course approach to healthy ageing, Public health impacts of exposure to mercury and mercury compounds, the role of WHO and

ministries of public health in the implementation of the Minamata Convention, Contributing to social and economic development: sustainable action across sectors to improve health and health equity.

- **Health Systems:** Traditional medicine, Follow-up of the report of the Consultative Expert Working Group on Research and Development, Financing and Coordination, Substandard/spurious/false-labelled/falsified/counterfeit medical products, Access to essential medicines, Strengthening of palliative care as a component of integrated treatment throughout the life course, Regulatory system strengthening, Health intervention and technology assessment in support of universal health coverage, Follow-up of the Recife Political Declaration on Human Resources for Health, Renewed commitments towards universal health coverage.
 - **Preparedness, Surveillance and Response:** Implementation of the International Health Regulations (2005), Pandemic Influenza Preparedness, Sharing of Influenza viruses and access to vaccines and other benefits, Smallpox eradication: destruction of variola virus stocks, Poliomyelitis: intensification of the global eradication initiative, Antimicrobial drug resistance.
- (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 in the region and to lay down

the roadmap for future action.

The 32nd WHO-SEAR Health Ministers Meeting (HMM) was held in Dhaka, Bangladesh on 9th September 2014, followed by the Sixty-seventh Session of the WHO Regional Committee (RC) for South-East Asia during 10 - 12 September, 2014 at Dhaka, Bangladesh. A high level delegation comprising of officials of this Ministry under the leadership of Hon'ble HFM attended.

The Hon'ble Minister addressed the Joint Inaugural Session of the 32nd HMM and 67th Session of the WHO Regional Committee for SEA on 9th September 2014, which was chaired by Hon'ble PM of Bangladesh Mrs. Sheikh Hasina. He highlighted that India shared an emotional chord with Bangladesh and especially with the memories of her father Bangabandhu Sheikh Mujibur Rehman, who was the liberator of Bangladesh and a great friend of India.

Hon'ble Minister sought the valuable support of all the Member States in traversing a path where the highest standards of health could be attained not only for the entire Region but also for the entire League of Nations. Citing the success story of India being polio-free today, he emphasized the significance of "*Power of Belief*" and re-iterated India's willingness to take on even greater health challenges. He noted with satisfaction that 'traditional medicines' was an important agenda item for consideration of the Regional Committee this year and that India would be signing an agreement with Bangladesh on co-operation in traditional medicines. He shared some of the important and contemporarily relevant, aspects of the ancient system of Indian Medicine - Ayurveda - with the august audience. In conclusion, the Hon'ble Minister reiterated that investing additional resources into the health system, improving access to essential medicines, harnessing information technology, promoting traditional medicine systems including Yoga and providing an essential package

of preventive and promotive health services through community participation and partnerships would empower the governments to achieve greater health outcomes.

India welcomed the proposed Dhaka Declaration on Vector-borne Diseases, which was later unanimously adopted and hoped that 11 countries of this Region would achieve success in fighting vector borne diseases. India shared its considerable success in Malaria control both in terms of reduction of mortality and morbidity and various initiatives taken to control other Vector-borne diseases-Dengue, Chikungunya, Japanese Encephalitis, Lymphatic Filariasis and Visceral Leishmaniasis or Kala-azar in the country. India advocated strong inclusion of the theme-environmental health and climate change- as a guiding principle in the current high level discussions in the context of sustainable development goals beyond 2015.

The Hon'ble HFM also chaired a panel discussion on traditional medicines which presented a useful platform to share the countries' experiences on different streams of traditional medicines in the region and the need to promote them as an integral part of the health systems. During his address as a panelist on Traditional Medicines, the Hon'ble Minister expressed strong commitment of India to the implementation of the Delhi Declaration on traditional medicines in letter and spirit. Hon'ble HFM highlighted that India has a very rich ancient system of medicine called Ayurveda, based on scientific principles, which included concepts of prevention of ill health, promotion of health, nutrition and dietetic and regarded body and soul both to be considered in treating patients. Ayurveda was the first to conceptualize spiritual health which now even modern medicine views as important. Hon'ble HFM underscored the need for more research in Ayurveda, better manufacturing practices for drugs and to some extent toxicological

evaluation by conducting clinical trials to test their potency, efficacy and safety. However, he expressed a strong preference for this ancient system to be used for effective healing of mind and body and to be restored to its old glory by making it a holistic part of our healthcare.

The Hon'ble HFM, in due appreciation of the areas of cooperation in traditional medicines, announced designation of India's three apex National Institutes dynamically engaged in academic and research activities, viz., National Institute of Ayurveda, Jaipur; National Institute of Unani Medicine, Bengaluru and National institute of Homoeopathy, Kolkata as Regional Centres. He announced that India has earmarked 20 seats in undergraduates (one seat each in Ayurveda and Homoeopathy for each SEA country), 7 for MD and 2 for Ph.D. courses for South - East Asian countries under AYUSH Scholarship scheme in these premier National Institutes. Government of India would provide not only seats but also full tuition fee and financial support including living expenses, hostel, airfare, contingent expenditure etc., to the students nominated by the Government of WHO South-East Asia countries. He further announced that India would also offer country specific tailor-made courses under WHO fellowship programmes as and when required by WHO, and that short courses, as required by any country, would also be offered free of cost at these National Institutes.

A break-out meet was organized on proposed Global Initiative on Autism: Addressing autism through partnership. The Hon'ble HFM addressed the meeting on autism and re-iterated commitment of India to develop and strengthen the South Asian Autism Network further, through continued association with other countries of the South East Asia region.

One of the highlights of the visit was the fact that five countries of the region, i.e. India, Bangladesh, Bhutan, Nepal and Thailand, together with WHO,

signed an agreement for prevention and control of Kala-azar. India and Bangladesh also signed a bilateral agreement for collaboration on traditional medicines.

During the three-day deliberations of the WHO Regional Committee for SEA, India made focused interventions on most of the agenda items under discussion. After discussions through a drafting committee, the following decisions/resolutions were adopted by the 67th WHO Regional Committee for South-East Asia:

- SEA/RC67 (1) Strategic Budget Space Allocation;
- SEA/RC67 (2) Framework of engagement with non-State actors;
- SEA/RC67 (3) Nomination of a Member State to the Policy and Coordination Committee (PCC) of the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction;
- SEA/RC67 (4) Nomination of a Member State to the UNICEF/UNDP/World Bank/WHO Special Programme of Research and Training in Tropical Diseases: Joint Coordinating Board (JCB);
- SEA/RC67 (5) Time and place of future sessions of the Regional Committee;
- SEA/RC67/R1 Proposed Programme Budget 2016-2017;
- SEA/RC67/R2 Covering every birth and death: Improving Civil Registration and Vital Statistics;
- SEA/RC67/R3 Traditional Medicines: Delhi Declaration;
- SEA/RC67/R4 South-East Asia Regional Action Plan to implement Global Strategy to reduce Harmful Use of Alcohol (2014-2025);
- SEA/RC67/R5 Viral Hepatitis and
- SEA/RC67/R6 Strengthening Health Workforce Education and Training in the Region.

The occasion of the HMM and the RC meeting was also utilized for holding bilateral meetings with the visiting Health Ministers/Heads of delegations from other WHO South East Asia Region countries, including Bangladesh, Nepal, Maldives, Indonesia, Timor Leste, Bhutan and Sri Lanka. During these meetings, India made offers of closer health co-operation for mutual benefit and for the benefit of the people of the South East Asia region as a whole. The Hon'ble HFM also had a meeting with the Hon'ble PM of Bangladesh Sheikh Hasina separately, where he expressed India's strong commitment to more closely work with Bangladesh in all spheres including health cooperation. During the 32nd WHO-SEAR Health Ministers Meeting (HMM), the Ministers, after due consideration, endorsed the following positions and requested the Regional Director to inform WHO headquarters in Geneva accordingly.

Office	Member State
Sixty-eighth World Health Assembly, May 2015	
President, World Health Assembly	India
Vice-Chairman, Committee B Member, Committee on	Nepal
Credentials	Timor-Leste
137th Session of the WHO Executive Board, May 2015	
Member	Thailand (from May, 2015)
Rapporteur	DPR Korea
Programme Budget and Administration Committee (PBAC) of the Executive Board	
Thailand for a two-year term in place of DPR Korea whose term expires in May, 2015	

It is a matter of pride for India that it has been offered the opportunity to act as President of the 68th World Health Assembly in Geneva in May 2015.

(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 term. 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 134th Session of the Executive Board of WHO was held in January, 2014 at Geneva and Additional Secretary (Health) attended the session.

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 Assessed Contribution payable by Government of India to WHO is decided on the basis of UN Scale of Assessment. For the biennium 2014–2015, the scale of assessment for India has been revised from the existing scale of 0.5340 to 0.666. India's Assessed Contribution for the biennium 2014–2015 stands at USD 15,46,785 + CHF 14,50,884 and Voluntary Contribution of USD 55000 and USD 35,000 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. The second instalment of Government of India's contribution to WHO for the biennium 2014–2015 amounting to USD 15,46,785 + CHF 14,50,884 (Assessed Contribution) and USD 90,000 (Voluntary Contribution) has been paid in December, 2014.

India has remitted Euro 7,56,570 towards membership fee to International Agency for Research on Cancer (IARC), Lyon, France for the year 2013.

12.3 SPECIAL ACHIEVEMENT

A Memorandum of Understanding (MoU) among Bangladesh, Bhutan, India, Nepal and Thailand on Kala-azar was signed on the 9th September, 2014 facilitated by the World Health Organization (WHO).

12.4 DESIGNATED POINTS OF ENTRIES (POEs)

India is a signatory to the International Health Regulations (2005), framed and adopted by WHO. India remains committed to effective implementation of these Regulations. NCDC, Delhi has been designated as 'National IHR Focal Point' Secretariat; nine Port Health Organizations (PHO), five Airport Health Organizations (APHO) and 15 National Ministries/Directorates/Departments have been designated as 'IHR Focal Points'; core capacities at designated ports, airports and ground crossings, related to prevention, early warning and response for public health risks and events have been strengthened. Of the 13 core capacities required for the implementation of the IHR, India has achieved between 91 and 100 percent in six core-capacities reflecting the on-going efforts in this direction. India has concluded its self-assessment for 2013 and has requested an extension for another 2 years (until 2016) to fully

comply with the Regulations. This would require additional efforts especially in certain core areas (chemical safety, food safety, infection control and risk communication) which are being actively pursued. Indian Aircraft (Public Health) Rules as well as Indian Port Health Rules are being revised, in tune with the International Health Regulations.

Airport Health Organization, Port Health Organizations and Airport and Border Quarantine Center (APHOs/PHOs/ABQC) are subordinate offices of the Directorate General of Health Services. At present, there are 10 APHOs at all major International Airports and 10 PHOs at major Ports and 1 Border Quarantine Centre at Attari Border, Amritsar. These are statutory organizations and are discharging their regulatory functions, as delineated under the Indian Aircraft (Public Health) Rules, 1954 and Port Health Rules, 1955, respectively.

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, Vaccination to International Passengers, Vector Control etc. Apart from this, issuance of Ship Sanitation Certificate is another major responsibility at International Ports. After implementation of FSS Act 2006, the health units at POEs have also been delegated functions relating to food safety.

A proposal for strengthening 21 existing (10 APHOs, 10 PHOs and 1 ABQC) and to establish health offices at 29 POEs (21 Airports, 2 Ports and 6 Land Border Crossings), at a total cost of Rs. 229 crores has been approved in 2014-15.

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 require to be quarantined for a period of six days from date of their departure from Yellow Fever endemic countries.

Port Health Organizations for the year 2014-15

SN		PHO, Marmagao	PHO, Chennai	PHO, Vishakha- patnam	PHO, Kolkata	PHO, JNPT Sheva	PHO, Mumbai	PHO, Tuticorin	PHO, Cochin	PHO, Kandla
1	No. of Ships Arrived	379	2428	1550	2589	1940	2522	829	1144	1360
2	No. of Ships given health clearance	379	1629	1550	2589	1940	1688	829	1144	1360
3	No. of Ships given free Pratique	227	1629	1064	NIL	NA	35	829	48	545
4	No. of Ships Given Radio Free Pratique	227	1629	0	NA	NA	80	817	46	616
5	No. of Ships quarantined	2	0	0	NIL	29	NA	0	NIL	8
6	No. of Ships disinfected	NIL	0	59	NA	NA	NA	13	NIL	383

SN		PHO, Marmagao	PHO, Chennai	PHO, Vishakha- patnam	PHO, Kolkata	PHO, JNPT Sheva	PHO, Mumbai	PHO, Tuticorin	PHO, Cochin	PHO, Kandla
7	No. of Ships issued Sanitary Control Certificate	NIL	0	0	NIL	91	NIL	1	4	25
8	No. of Ships issued Sanitary Control Exemption Certificate	64	112	0	179	NA	834	155	111	621
9	No. of Yellow Fever Vaccinations Given	1536	5806	1826	3327	NA	18708	0	5654	1095
10	No. of Sanitary Inspections	8	376	56	NA	NA	1448	829	1034	1360
11	No. of Imported food samples lifted	66	0	0	Now under FSSAI	NA	NIL	0	528	1
12	No. of Water samples lifted	4	12	0	4	NA	46	0	6	NIL
13	No. of Imported Edible Oil samples lifted	NIL	0	0	NA	NA	NIL	0	NA	238
14	No. of Dead Bodies given clearance	NIL	1	2	NA	NA	1	1	2	2
15	No. of entomological surveys undertaken	2	2	0	NIL	NA	NA	1	2	Weekly
16	No. of Medical Chests Inspected	10	27	50	81	NA	159	47	39	86
17	No. of passengers medically Examined	10064	32745	23688	16319	NA	17158	0	114346	NIL
18	No. of crew medically examined	14915	4766	0	56236	NA	9925	0	55043	71
19	No. of medical emergencies attended	NIL	0	0	NIL	NA	NIL	0	18	71
20	No. of Rodent Screening of Ships from Plague Endemic Areas	NIL	0	153	NIL	NA	232	1	NA	219

NA- Data NOT AVAILABLE

NIL- Data is NIL

Airport Health Organizations for the year 2014-15

S. N.		APHO, Delhi	APHO, Bengaluru	APHO, Hyderabad	APHO, Thiruchirappally	APHO, Kolkata	APHO, Mumbai	APHO, Chennai	APHO, Cochin	APHO, Ahmedabad	APHO, Trivandrum
1	Flights Arrived/ Inspected	35,724	6720	7323	3443/850	7220	23141	21845	12377	not available	6422
2	Aircrafts Disinfected	60	6057	7323	3443	6525	13550	18629	NIL		6422
3	Surveillance of International Passengers and Crew for Yellow Fever	NA	All passengers from Endemic Countries	1153191	YES	NA (This is being done by the Immigration)	4139111	NA	NA		NA
4	Quarantine of Passengers	242	142	NIL	NIL	NIL	11	NA	17		1
5	Yellow Fever Vaccinations	7390	NA	NIL	NIL	1354	14678	NA	NIL		NIL
6	Clearance of Dead Bodies	969	48	384	266	83	441	670	467		383
7	VVIP Food Surveillance	13	NIL	NA	NIL	15	NIL	NA	NA		NIL
8	Medical and Flight Emergencies	68	12	NA	7	17	9	NA	NIL		NIL
9	Vector Surveillance	NIL	1	1	For Aedes-Egypti	459	Pre and Post Monsoon	NA	NA		16
10	Sanitary Inspection	2	9	NA	24	863	Yes	NA	12		10
11	Food Establishments Inspected	NA	NA	NA	NIL	195	NIL	NA	Done by FSSAI		NIL

NA- Data NOT AVAILABLE

NIL- Data is NIL

**Airport and Border Crossings
for the Year 2014-15**

SN		Border Crossing, Amritsar
1	No. of International Flights	2055
2	No. of International Trains	89
3	No. of International Buses	463
4	No. of Patients Attended	1078
5	No. of passengers Quarantined	NIL
6	No. of Sanitary Inspections	18
7	No. of Dead Bodies Cleared	238
8	No. of Mock Drills for Emergency	1
9	No. of Flight Emergencies	NIL
10	No. of Emergencies ICP at Attari	32

NA- Data NOT AVAILABLE NIL- Data is NIL

12.5 CUSTOM DUTY EXEMPTION CERTIFICATE

During 2014-15 (upto 31st December, 2014), this Ministry has issued one time Customs Duty Exemption Certificates in favour of –

- All India Institute of Medical Sciences (AIIMS), Bhopal – 462 024 (Madhya Pradesh);
- All India Institute of Medical Sciences (AIIMS), Patna (Bihar) and
- Pasteur Institute of India (M/o Health & Family Welfare), Coonoor – 643 103, Nilgiris (Tamil Nadu).

12.6 VISIT ON FELLOWSHIP / CONFERENCE ABROAD

During 2014-15 (upto 31st December, 2014), 110 medical personnel were permitted to participate in International conference/symposia etc. abroad, including 25 medical personnel from CHS cadre who were granted financial assistance subject to a

maximum of Rs. One (1) lakh each under CHS Assistance Scheme 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.

12.7 AGREEMENTS/MOUs (UPTO 31st DECEMBER, 2014)

- A Memorandum of Cooperation (MoC) between the Government of India and the Government of Japan on cooperation in the field of health sector was signed on 01st September, 2014;
- An MoU among the Governments of India, Bangladesh, Bhutan, Nepal & Thailand on elimination of Kala-azar under technical collaboration of World Health Organization (WHO) was signed on 9th September, 2014;

12.8 MEETINGS/CONFERENCES (UPTO 31st DECEMBER, 2014)

- A meeting between Deputy Minister of Health, Government of Iraq and Secretary (HFW) to discuss various aspects mentioned in the draft MoU proposed to be signed between the two countries on cooperation in the field of Health & Medicine was held in New Delhi on 03rd April, 2014;
- A meeting between a team of healthcare executives from Yale School of Management and Indian Healthcare Government Officials led by Additional Secretary (Health) to discuss various topics associated with key pilot programmes of the Central Government, vision of the Central Government for the healthcare sector and challenges faced by the Central & State Governments in the healthcare sector was held in New Delhi on 21st April, 2014;

- A meeting between Principal Secretary (Health) of the Government of Zanzibar and Indian Healthcare Government officials led by Joint Secretary (International Cooperation) to discuss ongoing bilateral issues in the health sector was held in New Delhi on 22nd April, 2014;
- 1st meeting of the Joint Working Group (JWG) constituted under the Executive Programme signed between India and Saudi Arabia on Health & Medical Sciences was held in New Delhi on 29-30 April, 2014;
- A meeting between Dr. Amy DuBois, Health Attache, Embassy of the United States of America and Secretary (HFW) to discuss Indo-US Health Initiatives was held in New Delhi on 13th June, 2014;
- A meeting between Ms. Anna Ferry, Counsellor, Embassy of Sweden and Additional Secretary (Health) to discuss bilateral issues related to Indo-Swedish cooperation in the Health sector was held in New Delhi on 17th June, 2014;
- A meeting between Shri Sunil Jain, Indian Ambassador in Kuwait and Secretary (HFW) to discuss Indo-Kuwait cooperation in the Health sector was held in New Delhi on 30th June, 2014;
- A meeting between a delegation from Japan led by Mr. Masahiko Shibayama, Chairman of the Committee on Cabinet and Hon'ble Minister of Health & Family Welfare to discuss bilateral cooperation in Health sector was held in New Delhi on 24th July, 2014;
- 1st meeting of the Joint Working Group (JWG) constituted under the MoU signed between India and United Kingdom on cooperation in the fields of Health & Medical Sciences was held in New Delhi on 03rd September, 2014;
- A meeting between Mr. Lormus Bundhoo, Minister of Health & Quality of Life, Mauritius and Hon'ble Minister of Health & Family Welfare to discuss bilateral issues related to health sector was held in New Delhi on 22nd September, 2014;
- A meeting between H.E. Colonel (Rtd.) Mohamed Nazim, Minister of Health of Maldives and Hon'ble Minister of Health & Family Welfare to discuss bilateral issues related to health sector was held in New Delhi on, 22nd October, 2014 and
- A meeting between a delegation from Sweden led by Mr. Gabriel Wikstrom, Minister for Health Care, Public Health & Sport, Sweden and Shri J.P. Nadda, Hon'ble Minister of Health & Family Welfare to discuss issues related to bilateral cooperation in health sector was held in New Delhi on 24th November, 2014.

12.9 PERMISSION FOR INTERNATIONAL CONFERENCES

In the year 2014-15 (upto 31st December, 2014), permissions were granted to 102 Organizations/ Institutions for holding health related International Conferences in India.

12.10 ISSUE OF STATEMENT OF NEED (SON) CERTIFICATE AND EXCEPTIONAL NEED CERTIFICATE (ENC)

In the year 2014-15 (upto 31st December, 2014), 975 applicants were issued Statement of Need (SON) Certificate and 3 applicants were issued Exceptional Need Certificate (ENC) for undergoing higher studies/training in the USA on J-1 visa in medical specialities/super-specilities.