

## National Health Profile of India

India's population crossed the one billion marks at the start of twenty first century to become the second largest country (next to China). Provision of health care for such a vast population needs sound planning and implementation of health policies of the government combined with the support from other stakeholders such as NGOs, private sector, local and regional bodies. While great progress has been made in the provision of care in some areas there is a need for equity in availability of services and enhancing the quality of care in many areas. The initiative of improving health systems in the country needs to be supported by a versatile data base of health information which is comprehensive up to-date and easy to access.

The National Health Profile is an initiative on par with international standards of data publications. The objective of this publication is to create a versatile data base of health information of India and making it available to all stakeholders in the healthcare sector. This publication takes into account recent trends in demography, disease profile (communicable and non communicable/lifestyle diseases) and available health resources which define a country's health status. The purpose is to provide relevant information for planning and decisions making on an informed basis to the planners, policy makers, health administrators, research workers and others engaged in raising the health and socio-economic status of the community. This will further contribute to the improvement of quality of health services and to the equitable distribution health resources in the country.

The research team for National Health Profile assessed a large number of international websites and publications dealing with management of health data to health status of a nation. On the basis of this assessment, a modified structure with three levels of indicators to organize and manage the health information was created. This structure includes 6 first level indicators (Demographic, socio-economic, health status, health finance, health infrastructure and health manpower). This structure was discussed in great detail (with a range of people from senior health policy makers, administrators to epidemiologists and anthropologists) to firstly assess its robustness to handle data currently and in the future and secondly the need to include or discard data from the existing publications. Further, the research also involved identification of most appropriate data sources for the selected indicators. Finally the most up to date from identified sources were incorporated into the new format of tables with various combinations of parameters such as age, sex, urban, rural etc.

As the country moves towards providing better and equitable healthcare to its people we hope this publication will contribute towards informed decisions on the policies and initiatives of the numerous stakeholders providing healthcare. We recognize the need for continuous improvement of this publication to match the ever changing health needs and the paradigm shifts in programme implementation to achieve higher levels of effectiveness. We visualize that this structure of data organization will be tested over the period and the process will lead to further standardization and enhancement of the database.



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# 2009

(January to December)

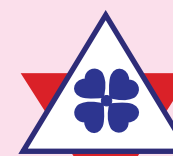
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CBHI

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