India: Supporting Strategic Interventions in the Health Sector Towards Achieving Universal Health Coverage

Project Name	Supporting Strategic Interventions in the Health Sector T	owards Achieving Universal Health Coverage		
Project Number	53355-001			
Country	India			
Project Status	Active			
Project Type / Modality of Assistance	Technical Assistance			
Source of Funding / Amount	TA 9827-IND: Supporting Strategic Interventions in the	Health Sector Towards Achieving Universal Health Coverage		
	Technical Assistance Special Fund	US\$ 225,000.00		
Strategic Agendas	Inclusive economic growth			
Drivers of Change	Governance and capacity development Knowledge solutions			
Sector / Subsector	Health - Health sector development and reform			
Gender Equity and Mainstreaming	Some gender elements			
Description	services exacerbated by changing disease patterns. Hea states to implement healthcare delivery becomes critica sector, it is crucial that a strategic approach be adopted Strategy 2030 and align increased engagement identifyi	presents both an opportunity and a challenge given the increasing demand for quality health Ith being under the state list of the constitution of India, the differential capabilities of the I. Within this context and given our previous and continued engagement with the health for expanding health sector engagement in India. This would draw upon the vision laid out in ng key areas of support including investment needs. It would also assess, document and it need organic solutions developed which are scalable, yet draw from best practices.		
Project Rationale and Linkage to Country/Regional Strategy	notably maternal mortality ratio (MMR) has reduced by 5 below the MDG targets. Similarly, Infant Mortality Rate h increased from 49.7 years in 1970 75 to 68.3 years in 20 a challenge and account for 27.5% of all deaths in India. from India. Furthermore, emerging and re-emerging zoo organisms constitute as major threats. Antimicrobial res staggering 12.9 billion units of antibiotic consumption, w changing disease pattern, where noncommunicable dise diseases, account for over 60% of total mortality. The to heart disease, chronic obstructive pulmonary disease, ar related to NCDs (including diabetes and chronic kidney of terms of health systems, out of total 155,069 sub-center government. Further, India has low density of health woi	I highest in the world after China. In the health sector, India has made some improvements, 17%, from 556 per 100,000 live births in 1990 to 130 per 100,000 live births in 2016, which is as also declined to 34 per 1000 Live Births in 2016 and the Life expectancy at Birth has 101 15. Nonetheless, several persisting issues remain. Communicable diseases continue to be TB burden is disproportionately high with more than a quarter (27%) of global TB burden notic diseases, foodborne and waterborne diseases and diseases caused by multi-resistant istance is fast becoming one of biggest health challenges, and in 2010, India recorded a hich was one of the highest consumption globally. Exacerbating the situation, India is facing ases (NCDs) such as cardiovascular disease, diabetes, cancer, respiratory, and other chronic p three causes of death for all ages in 2017 are related to NCDs which includes ischemic d stroke. More striking, the percentage change from 2007 to 2017 of causes of deaths lisease) have increased by around 40% or more (except asthma with a 6.2% increase). In s in rural India, 86% do not meet the Indian Public Health Standards set up by the kforce; with density of physicians (7 per 10,000 population) and nurses (17.1 per 10,000 .6 respectively. To add to the complexity, interstate and regional differences in health are.		
Impact	Universal Health Care (UHC) in India increased			
Project Outcome				
Description of Outcome		Priority areas for ADB intervention in India health sector identified		
Progress Toward Outcome				
Implementation Progress				
Description of Project Outputs		Assessment of priority areas for improved UHC in India completed ADB strategy for health sector in India developed		
Status of Implementation Pr	rogress (Outputs, Activities, and Issues)			
Geographical Location		Nation-wide		
Summary of Environmental	and Social Aspects			
Summary of Environmental				
Environmental Aspects				
Environmental Aspects				
Environmental Aspects Involuntary Resettlement Indigenous Peoples	n, Participation, and Consultation			

During Project Implementation

Business Opportuniti	ies					
Consulting Services	The TA will engage five individual consultants amounting to 22 person-months (4 person-months international and 18 person-months national). ADB will engage the consultants following the ADB Procurement Policy (2017, as amended from time to time) and its associated project administration instructions.					
Procurement	Not Applicable.					
Responsible ADB Off	icer	Sonalini Khetrapal				
Responsible ADB Department		South Asia Department				
Responsible ADB Division		Human and Social Development Division, SARD				
Executing Agencies		Ministry of Health and Family Welfare 150 A Nirman Bhawan New Delhi - 110 011 India				
Timetable						
Concept Clearance						
Fact Finding		· ·				
MRM		- ·				
Approval		17 Oct 2019				
Last Review Mission		- ·				
Last PDS Update		22 Oct 2019				

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Financing Plan/TA Utilization								Cumulative Disbursements	
ADB	Cofinancing	Counterpar	Counterpart				Total	Date	Amount
		Gov	Beneficiaries	Project Sponsor		Others			
225,000.00	0.00	0.00	0.00	0	0.00	0.00	225,000.00	-	0.00

Project Page	https://www.adb.org/projects/53355-001/main
Request for Information http://www.adb.org/forms/request-information-form?subject=53355-001	
Date Generated	24 October 2019
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