



**World Health
Organization**

India

Quality and Patient Safety

WHO Health Systems Work in India

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How we are organized (WCO staffing)

Central team - two offices in Delhi

- >110 positions (\pm 70 professional staff)

Field Offices

~2500 personnel

276 field offices /
28 States / 8 UTs
/ 6 regions



- **Health System Officers** in 7 States/UT (Assam, Chhattisgarh, Jammu Kashmir, Jharkhand, Rajasthan, Odisha and Uttar Pradesh)
- **2 District Health Co-ordinators** in 6 Aspirational Districts (Assam and Chhattisgarh)
- **1 Health financing consultant** at Chhattisgarh.

WHO India Strategic Priorities and Goals (GPW 13)

1. Healthy lives

- 1 billion more people living healthier lives

2. Universal health coverage

- 1 billion more people with health coverage

3. Health emergencies

- 1 billion more people made safer

Whom do we work with:

1. Central Level: MOHFW; Niti Aayog; NHA; NHSRC and other Ministries
2. State Governments and SHSRC
3. Academic and Public Health Institutions



The Health Systems Team and Its Work

WCO staff backed up by RO and HQ, Asia Pacific Observatory & global experts

Where we draw our work from:

- **National Health Policy 2017**
- **Ayushman Bharat - CPHC & HWCs; PMJAY; AB-HIM & XV-FC**
- **Make in India**
 - Access to quality medical products
 - Improving National Regulatory Authorities to ensure quality
- **NITI Aayog - aspirational districts**
- **Country Cooperation Strategy and UN partnership**
- **Global agreements**
 - SDGs and Universal Health Coverage

The Health Systems Team and Its Work

Main Areas of Work at WCO:

- Primary health care and health workforce
- Health care financing
- Health information system
- Medical products
- Quality and Patient safety

Under the Thematic Areas of:

- Policy/ Advisory
- Analytical/ Research
- Implementation
- Advocacy
- Capacity Building



Health Systems work in the States

- **State level support** is for holistic health systems strengthening (of which Ayushman Bharat - HWCs/CPHC and NHM are the main components) - policy; planning; strategies; research etc.
- **District level support** is more focused on HWCs - hands on support for planning and guiding roll-out of CPHC ; quality of care, supportive supervision, technical assistance for establishing IPHL (AB-HIM), data management for evidence-based planning and process documentation etc.
- During the pandemic, the response has expanded, and very effectively, to COVID-19 response and ensuring Essential Health Services.

Support provided by our HSOs and DC

- Overall HS strengthening not exclusively Quality.
- Kayakalp implementation support and assessments.
- NQAS certification of HWCs, PHCs and UPHCs.
- Monitoring all Health systems activities.

Suggestions

- Capacity building of workforce deployed on field.
- Let us stop working in silos and work together as a team
- DP resources may be made part of DQAC and SQAC (invitee)
- Resource pooling and sharing.
- Collective decision making-strategy and Planning

Thank You

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