**68th World Health Assembly**

**(May 18-26, 2015)**

**Address by Shri C.K. Mishra, Addl. Secretary (Health) Ministry of Health & Family Welfare at the general discussion on “Building Resilient Health Systems”at the pleanry meeting on 19th May 2015**

**President of the Assembly,**

**Madam Director General,**

**Excellencies and Distinguished Delegates,**

I am honoured to be given this opportunity to address this august gathering.

**Excellencies,**

The theme of the general discussion this year could not have been more relevant given the recent outbreak of Ebola in Western Africa. The outbreak highlights how an epidemic can rapidly proliferate and become an international public health emergency. This should be an eye opener for countries across the globe as more focussed approach is needed on health systems strengthening. A strong, resilient health system mitigates any country’s vulnerability to health crises and empowers the exposed community to recover during aftermaths of such catastrophes.

However, ensuring a resilient healthcare system during a crisis poses tremendous challenges to most countries, particularly the low- and middle-income countries.

Public health emergencies invariably result in high demand for quality health services, and could be associated with major damage to infrastructure, including hospital facilities and medical equipments. In such situations, maintaining quality of healthcare delivery across the continuum is also a grave challenge. Health sector is highly capital- and labour-intensive, and it may take several years for health systems to recover from such catastrophic events. Appreciating this complex dynamics between public health emergencies and health systems is a prerequisite for creating “Resilient Health Systems”.

**Mr. President, Excellencies and Distinguished Delegates,**

The achievement of health related goals and targets, in Indian context, is a daunting task, considering India’s geographical size, regional and socio-cultural diversity, and the differential health care needs of 1.25 billion people in different locations. However, India remains committed to ensuring quality and affordable healthcare for all and has made strategic investments under the National Health Mission and the national disease control programmes.

In the face of huge health challenges before us, we are heartened by our success in making India polio-free and by the remarkable reductions in Maternal Mortality Rate, Infant Mortality Rate, Neo-Natal Mortality Rate and the Total Fertility Rate.

India was one of the first few countries to adopt a new strategy called the Reproductive, Maternal, Newborn, Child, Plus Adolescent Health (*RMNCH+A*). This was based on a continuum of care approach of defining and implementing evidence-based packages of services for different stages of the lifecycle, at various levels in the health system. 184 poorest performing districts in 29 states across the country have been specially prioritized for these efforts.

We believe that an effective immunization coverage is a strong foundation of a resilient health system, to promote global health security. Realizing this, we have launched the Mission *Indradhanush* in India*, w*hich is an inspiring reflection of seven colours of the rainbow. This mission aims to protect all children in the country from seven vaccine-preventable diseases. In addition, pregnant mothers are being provided with tetanus toxoid vaccine under this drive. Our endeavour is to achieve more than 90% immunization coverage by 2020. Besides, through introduction of new vaccines we would scale up immunization across the country.

I am happy to share that India hosted a key global consultation on “Strategies for Every Woman, Every Child” in February this year. This would chalk out a blueprint to feed into UN efforts to decide key targets to improve health of women, child and adolescents in the years beyond 2015.

We need to have a robust health system. In India, under the National Health Mission, health system strengthening is a key priority. A robust surveillance and monitoring system in the form of Integrated Disease Surveillance Programme has been in place since 2004. India frequently experiences natural disasters such as earthquakes, floods etc. However, morbidity and mortality along with economic loss associated with these disasters have been substantially reduced over time. To a great extent, it was the resilience of our health system that, despite limitations, ensured that none of these crises assumed epidemic proportion.

**Mr. President, Excellencies and Distinguished Delegates,**

We must do well to remember that diseases and disasters do not respect boundaries. The World cannot succeed on public health agenda unless all of us succeed together. Building a strong health system is a sine qua non for this to happen, which can only be done with concerted and collaborative world action with equitable technical and financial support from all quarters. We must also see the important role the nature, traditional knowledge and natural therapies, with suitable validations, could play in this context.

However, to succeed together, we need to develop compassion and empathy for our fellow human beings in any part of the Globe. We must see disease in any part of the world with equal concern, without any narrow considerations of territory, population, race or religion.

Before I conclude, I would like to compliment and congratulate Dr. Margaret Chan, DG, WHO and her efficient team at WHO for successfully driving the core agenda of WHO, i.e. better health for all. We understand that WHO’s task is very complex and at times needs negotiation through a difficult process of inter-governmental consultations to achieve synergy and focus at an international level.We will conyue to provide all support to WHO to achieve its goal. However, WHO is our best hope and must remain so.

**I thank you for your attention.**

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