

Employment In The Healthcare Sector Of India

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Abstract

Access to good health is a basic human right and healthy human could also contribute in economic growth. New technologies are driving the improvement in affordability of drugs in the market that helps to generate economic prosperity. Even in the remote areas, new technologies have improved healthcare facilities and the digitalization of healthcare deliveries are facilitating quality services at reasonable rates to all the population of the country. With advances in medical technologies, it has been estimated that the healthcare industry will see a greater demand for skilled professionals in near future. This paper qualitatively analyzed the employment trend in health sector of India. Also, the major government initiatives to facilitate quality care by introducing various health schemes such as AYUSH.

Ayushman Bharat is a comprehensive need based healthcare services and it has been designed to provide holistic approach to healthcare related issues including primary, secondary and tertiary healthcare services at national level. Also, this scheme contributed in raising the number of registered doctors.

The paper concluded that employment in health sector shows a positive change over the past quarters. Major factors contributing in this direction are new technologies such as eHealth, mHealth, health wearable.

Key Words: *Health, Technology, Employment, Mobile Health (mHealth), Electronic Health (eHealth)*

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“Employment is crucial for poverty reduction and in achieving growth with equity and pro-poor growth in India” (Ministry of Labour and Employment , 2018)

Healthy environment facilitates higher productivity and lower mortality across the world. Better health facilities returns greater employment and higher Gross Domestic Product (GDP) of any economy. With rising income and higher health awareness among Indian population, the share of Indian healthcare market is likely to reach at USD 372 billion by 2022 (IBEF, 2019). The hospital industry is growing at a Compound Annual Growth Rate (CAGR) of 17% and likely to reach at USD 132.84 billion by 2022 (IBEF, 2019).

Healthcare in India is the fastest growing sector and considered as one of the leading destination for quality care and high-end diagnostic services (IBEF, 2019). With advances in medical technologies, it has been estimated that the healthcare industry will see a greater demand for skilled professionals in near future (Express Healthcare, 2019). Healthy healthcare system with an adequate investment and a conducive environment drives Gross Domestic Product (GDP) growth by not only acting as a “productivity and employment generator, but also as a magnet to attract foreign exchange earnings and provide opportunities for innovation and entrepreneurship”(FICCI, 2015).

Access to good health is a basic human right and healthy human could also contribute in economic growth. New technologies are driving the improvement in affordability of drugs in the market that helps to generate economic prosperity. Even in the remote areas, new technologies have improved healthcare facilities and the digitalization of healthcare deliveries are facilitating quality services at reasonable rates to all the population of the country. Moreover, factors such as continuously rising disease burden of ageing population, higher income levels, access to health insurance, greater health awareness, and increased precedence of lifestyle diseases are expected to boost demand in near future (Dwivedi, 2016).

Economics of Employment in Healthcare

There is a vicious circle of GDP loss and rising health burden on the country (Fig.1.1) as insufficient government service in healthcare sector causes more disease burden by rising number of diseases. This lead to augmented access to healthcare deliveries and this increases the absenteeism of citizens. More drop outs from work generates low productivity in the economy. Low productivity implies low investment; if aggregate investment is low then

government would invest less in healthcare sector as well. Again low investment in healthcare sector leads to low healthcare expenditure that would give birth to more diseases or high disease burden in the economy.

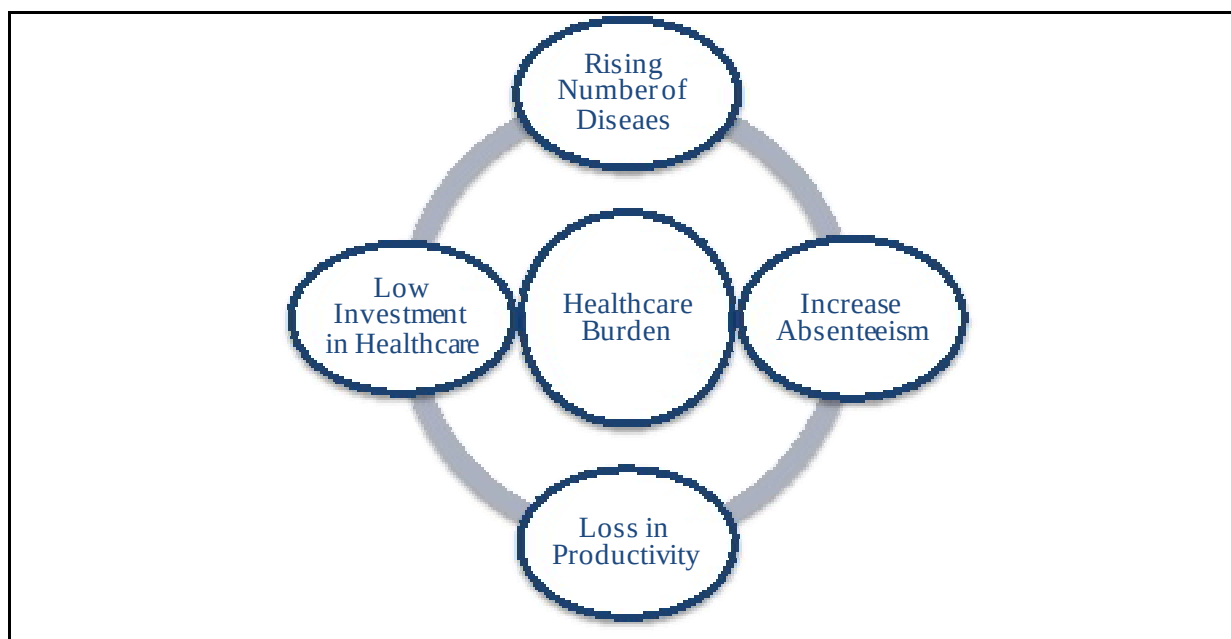
This vicious circle would continue until a critical minimum investment is made to the healthcare sector. It has been estimated that 30% of the Indian population fall below poverty line every year due to healthcare expenses (PwC, 2017). If people are not able to contribute in the production due to unhealthy conditions, then it would hamper the GDP growth of any country. Hence, it is necessary to keep people healthy by investing more in the healthcare sector and implementing new technologies to strengthen the system.

More investment in healthcare deliveries is likely to improve health education and facilitate healthcare access even in remote areas of rural India.” This will give a boost to productivity in the country as higher child and maternal mortality implies lower production in country. In a snapshot, basic inputs required for a stronger healthcare system are investment and conducive ecosystem and this would eventually augment GDP growth via higher productivity, rising employment and exports (KPMG Report 2015).

There is significant gap between low, middle and high income countries in the health outcome indicators (Maternal mortality rates, infant mortality rates and under-five mortality rates) and life expectancy. This may be due to different healthcare deliveries adopted by different group of countries. Further, public expenditure on health is higher than expenditure on education in many developed countries (GSMA, 2017).

Table 1.1 summarizes the health scenario in the low, middle and high income countries. The key health indicator indicates that the healthcare expenditure in high income countries (12% of GDP) is twice as compared to low income countries (6% of GDP). There is a significant gap in terms of health expenditure, mortality rates and access to medical facilities between low, middle and high income countries. India is a middle income country according to the World Bank classification of countries by income (2017), total health expenditure is only 5% of the total GDP of the country.

Fig.1.1 Vicious Circle of GDP loss and Healthcare burden



Source: KPMG Report (2015)

Table.1.1 Key Health Indicators

Category	Indicator	Low Income	Middle Income	High Income
Funding	Public health expenditure (% total health expenditure)	20.3	53.2	61.1
	Health expenditure (% total government expenditure)	11.0	9.2	18.8
Cost	Health expenditure (% of GDP)	6.0	5.4	12.5
	Health expenditure per capita (USD PPP, adjusted)	94.5	565.1	5453.0
Access	Hospital beds per 1,000 inhabitants	1.8	2.2	4.2
	Physicians per 1,000 inhabitants	0.2	1.8	3.0
Outcome	Maternal mortality per 100,000 live births	496	180	10
	Under-five mortality rate per 1,000 live births	73.1	37.8	5.3
	Life expectancy at birth (years)	59.6	70	80

Source: World Bank 2016 or latest available

Commission on ‘Macroeconomics and Health’ showed that improved health and nutrition leads to higher economic growth in 2001 and validated the saying “Healthier is wealthier.”

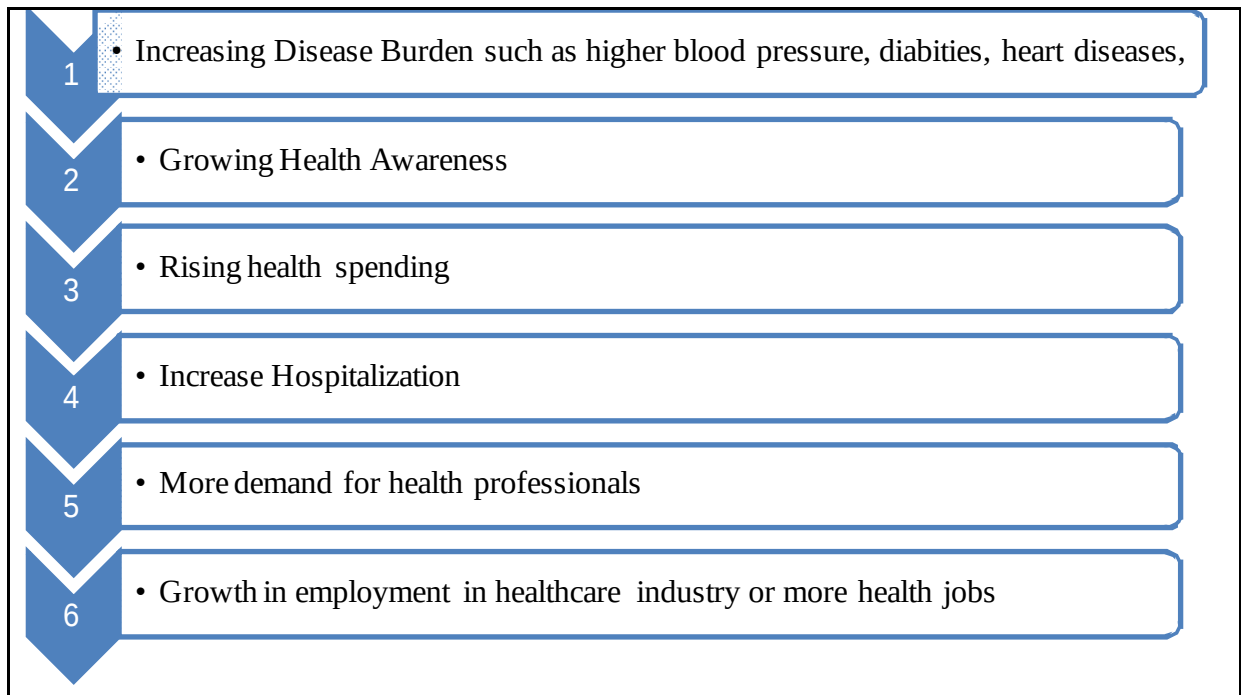
For example a 10% increase in life expectancy is associated with economic growth increases of 0.3-0.4% per year (WHO, 2013).

Key factors to drive economic growth and how health contributes to attain these drivers are as follows (WHO, 2013):

- i. **Education:** Increase in school attendance provides improved cognitive development and learning. This supports higher educational attainment.
- ii. **Productivity:** Health employees and fewer work days lost to illness could lead to increased output when at work.
- iii. **Savings and Investment:** As reduced healthcare cost encourage households to invest more; as people live longer, they have more incentive to save for education and retirement;
- iv. **Labor force:** Higher labor force as lower mortality and subsequent lower fertility increases the size of the labor force and decreases the dependency ratio. Addressing the human resource gap can both strengthen health systems and create jobs. More jobs and economic activity increase state tax revenues. Social returns include community cohesion and social stability, which undoubtedly stimulate economic growth (WHO, 2013).

Figure 1.2 provides a detail on the generation of employment in the healthcare industry from the economics perspective. This shows that with the rising disease burden in an economy, it generates more health awareness among population. This leads to higher health expenditure and increase in hospitalization. With the increasing number of hospitalization cases, it demands more health professionals to treat unhealthy population. Hence, employment in healthcare industry will increase in an economy. Also, it is estimated that a plethora of new jobs will emerge in an emerging economy like India with a growing demand for healthcare facilities (Express Healthcare, 2019).

Fig. 1.2 Flow Chart on Employment in Healthcare Industry



Source: (Express Healthcare, 2019)

Employment in Healthcare Industry of India

*“Om SarveBhavantuSukhinah, SarveSantuNiraamayaah, SarveBhadraanniPashyantu,
MaaKashcidDuhkhaBhaagBhavet”*

In the Hindu mythology it is believed that, may all become happy, be healthy (free from illness), may all see what is auspicious and may no one suffer in any way. Good health is a key to happiness in human lives as healthy people live more, produce more and save more. Many factors influence health status of a country such as government policies, better road facilities, improved access to health services and good infrastructure that generate employment for health workers (World Health Organization (WHO)).

Indian healthcare market is under financed (low public and private health spending) and severe shortage of manpower (both skilled and unskilled) particularly in rural India. Manpower in healthcare sector is mainly concentrated in the private sectors (70% of the workforce) that increase rural and urban disparities in India. There is a significant gap in the availability of allopathic doctors and total requirement of medical practitioners in the country (NSDC, 2007).

Table.1.2 shows that gap in the availability of pharmaceutical personnel in India is higher than the global average of 4.3. Similarly, lack of availability of nurses and midwives in India as the gap is 17.1. This indicates a need to adopt innovative approach such as mobile health or eHealth to facilitate home based care in India. Mobile health enables both public and private sectors to improve access and quality while at the same time providing dramatic innovation and cost reduction opportunities of health deliveries (PWC, 2012).

Table.1.2 Gap in the availability of medical practitioners in India v/s Global Average		
Parameters (per 10,000)	Global Average	India
Physicians	14.1	7
Nurses and Midwives	29.2	17.1
Dentists	2.7	1
Pharmaceutical Personnel	4.3	5

Source: NSDC

According to Cyber Media Research, home healthcare market in India stood at USD3.20 billion in 2016 and it is expected to reach at USD 4.46 billion by 2018 and USD 6.21 by 2020 (Sharma N. C., 2018). In India, only 0.7 numbers of doctors, 1.3 numbers of nurses and 1.1 numbers of beds are available per 1000 population (PwC, 2017). Moreover, 30% of Indian population does not have access to primary healthcare facilities and 70% of infrastructure facilities are limited to top 20 cities of India (PwC, 2017).

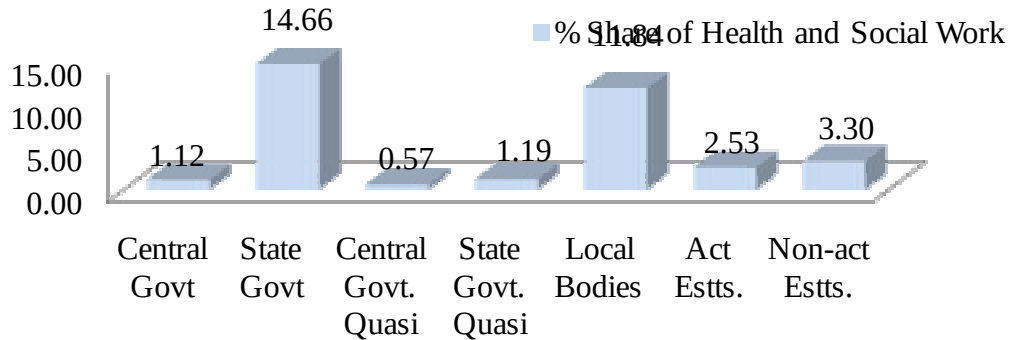
However, India is performing well in terms of healthcare infrastructure as numbers of health clinics are sufficient to serve Indian population (Table 1.3). But there is a need to provide quality care with good number of doctors and nurses in India. Also, it has been estimated that workforce requirement in the healthcare sector is likely to increase from 35.9 lac in 2013 to 74 lac in 2022 (Economic Times, 2015).

Table 1.3 Infrastructure Details of Healthcare Facilities in India, 2015	
Sub Centres (SC)	1,53,655
Primary Health Centres (PHC)	25,308
Community Health Centres(CHC)	5396

Sub District Hospitals	1022
District Hospitals	763

Source: Health Management Information System (MOFW, Government of India, 2015)

Fig.1.3 Percentage Share of Employment in Health and Social Work sector of India



Source: Ministry of Labour and Employment, Government of India

Figure 1.3 provides a snapshot of the share of employment in health and social work sector of the Indian economy. In case of public sector, the central government of India facilitates employment only to 1% of population in the healthcare sector while the share of the state government and the local bodies are 15% and 12% respectively. In contrast, the percentage share of employment in the private sector is very low. Table 1.4 shows the branch wise employment in public and private sector of India.

In terms of quarterly change in the employment of the major eight sectors, seven sectors including health sectors shows a positive changes in employment figures in 2018; Manufacturing Sector (+89 thousand), Education Sector (+21 thousand), Transport Sector (+20 thousand), Trade Sector (+14 thousand), Health Sector (+11 thousand), Accommodation & Restaurant Sector (+2 thousand), IT/BPO Sector (+1 thousand) and negative change in one sector viz. Construction Sector (- 22 thousand) (Ministry of Labour and Employment , 2018).

Table 1.4 Branch-Wise Employment in Public and Private Sector of India

Industries	Public Sector					Private Sector	
	Central Govt	State Govt	Central Govt. Quasi	State Govt. Quasi	Local Bodies	Act Estts.	Non-act Estts.
Agriculture, Hunting and Forestry	9.20	327.25	50.69	66.74	3.91	901.30	19.98
Fishing	0.68	11.89	0.49	2.33	0.15	2.69	0.11

Mining and Quarrying	0.58	4.14	998.23	71.68	0.05	124.16	13.72
Manufacturing	223.10	51.97	537.39	190.01	68.68	5111.82	413.69
Electricity, Gas and Water Supply	10.86	117.30	64.48	568.96	58.26	59.09	2.83
Construction	77.13	548.33	69.76	73.72	63.06	106.20	11.88
Wholesale and Retail Trade; Repair of Motor Vehicles, Motorcycles and Personal and Household Goods	14.54	16.80	51.14	66.98	10.05	300.30	74.37
Hotels and Restaurants	0.43	3.26	3.23	4.56	0.11	167.21	57.10
Transport, Storage and Communications	1460.60	44.12	371.34	595.50	21.00	199.36	14.20
Financial Intermediation	9.83	20.77	930.72	135.84	1.34	404.42	52.11
Real Estate, Renting and Business Activities	93.68	58.47	92.86	14.27	3.91	1429.07	28.80
Public Administration and Defence; Compulsory Social Security	462.76	2802.04	158.29	185.23	1147.84	14.76	0.73
Education	38.28	1842.55	75.75	299.23	370.41	1363.10	473.90
Health and Social Work	27.90	1022.32	19.51	27.84	248.31	270.56	41.04
Other Community, Social and Personal Service Activities	26.70	103.31	11.73	25.89	99.70	146.97	27.49
Private Households with Employed Persons	0.00	0.01	1.04	0.58	0.03	9.09	1.02
Extra-territorial Organisations and Bodies	32.02	0.04	0.08	6.49	0.00	87.98	9.16
Total	2488.29	6974.56	3436.73	2335.84	2096.76	10698.06	1242.14

Source: Ministry of Labour and Employment, Government of India

Table 1.5 provides a detail figures on quarterly change in employment in health sector of India in 2018. This shows that out of total positive change of 11 thousand, change in regular and contractual workers consists +7 thousand and +3 thousand respectively, while there is no change in employment figures of casual workers in 2018.

Table 1.5 Quarterly Change in the Employment in Health Sector of India, 2018 (As on 1st October 2017 over 1st July 2017)				
Total estimated change is +11 thousand	Self Employed (+1 thousand)	Employees (+10 thousand)		
		Regular (+7thousand)	Contractual (+3 thousand)	Casual (no change)

Source: (Ministry of Labour and Employment , 2018)

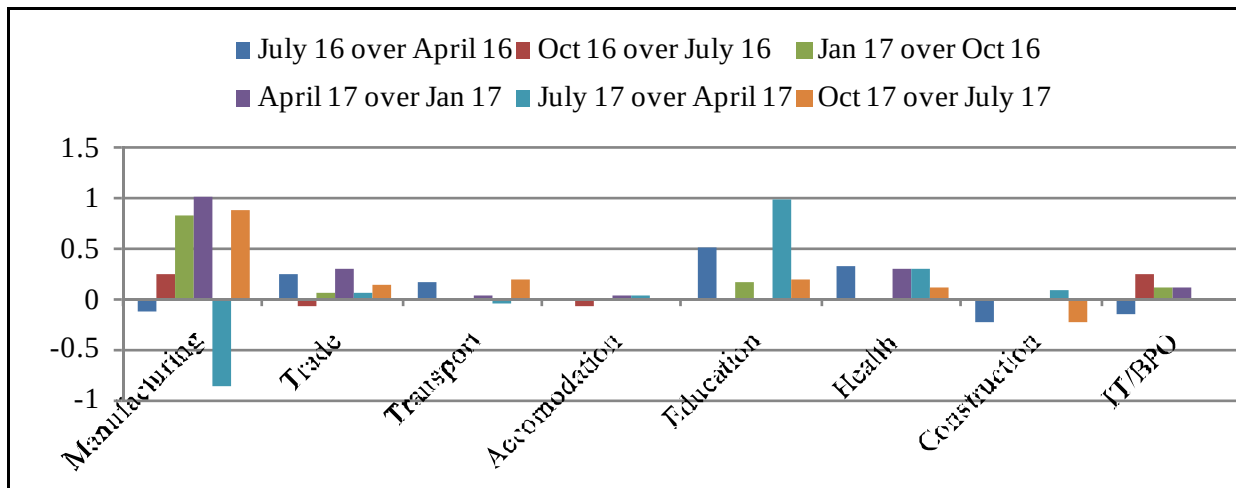
It has been estimated that the composition of total estimated change in Employment of (+) 11 thousand by gender shows no change in Male workers and (+) 11 thousand in Female workers of health sector in India (Ministry of Labour and Employment , 2018). Health sector shows a positive quarterly change in employment in the past quarters. Table 1.6 and Fig1.4 gives a clear picture of quarterly changes in employments in the major 8 sectors of the Indian economy. It reveals that the manufacturing sector recorded the maximum positive change in employment followed by education, transport, trade, and health sector.

Table 1.6 Change in Employment in eight selected sectors (in lakhs)						
	July 16 over April 16	Oct 16 over July 16	Jan 17 over Oct 16	April 17 over Jan 17	July 17 over April 17	Oct 17 over July 17
Manufacturing	-0.12	0.24	0.83	1.02	-0.87	0.89
Trade	0.26	-0.07	0.07	0.29	0.07	0.14
Transport	0.17	0	0.01	0.03	-0.03	0.2
Accommodation & Restaurant	0.01	-0.08	0	0.03	0.05	0.02
Education	0.51	-0.02	0.18	0.02	0.99	0.21
Health	0.33	0	0.02	0.31	0.31	0.11
Construction	-0.23	-0.01	-0.01	0.02	0.1	-0.22
IT/BPO	-0.16	0.26	0.12	0.13	0.02	0.01
Total	0.77	0.32	1.22	1.85	0.64	1.36

Source: (Ministry of Labour and Employment , 2018)

The Quarterly Employment Survey (QES) reveals that the estimated relative change in employment in 8 selected sectors recorded at (+0.65%) over the previous quarter. The maximum positive change was observed in the Transportation Sector with (+2.91%) followed by Trade Sector with (+0.97%) and health sector with (+0.76%) over last Quarter (Ministry of Labour and Employment , 2018).

Fig 1.4 Sector wise Change in Total Employment (in Lakhs)



Source: (Ministry of Labour and Employment , 2018)

In the Asian Development Bank Report, it has been demonstrated that change in technology could create new occupations specifically in the health care, education, finance, insurance, real estate and other business services (Bank, 2018). From the economic perspective, higher home healthcare services implies less usage of hospital infrastructure and this mean more beds are available for needy patients. Therefore, government is taking initiatives to promote new technologies like mHealth², eHealth³, health wearable to create health awareness and health literacy among rural and urban India to facilitate more home based quality care to population of India.

Government Health Initiatives

According to a report on the Global Burden of Disease, India is ranked 145th out of 195 countries in terms of healthcare quality and accessibility in 2017 (WHO, 2016). Healthcare in India is still in nascent stage. Various health schemes and innovative measures are required in the health sector to improve the productivity of the Indian economy. Taking this into consideration, the Finance Minister of India has announced the Ayushman Bharat for a new

² The provision of health-related services via mobile technology is called mHealth, abbreviated version for mobile Health (United Nations, 2009). The benefits of mHealth services can be achieved by using mobile devices, such as mobile phones, patient monitoring devices, PDAs, and other wireless devices. It involves the use and capitalization on a mobile phone's core utility of voice and short messaging service (SMS) as well as more complex functionalities and applications including general packet radio service (GPRS), third and fourth generation mobile telecommunications (3G and 4G systems), global positioning system (GPS), and Bluetooth technology (WHO, 2011).

³ Any available ICT could be used to directly or indirectly support family planning, reproductive health, and HIV/AIDS activities and help build the capacity of health providers and clients alike (MSH, 2011). WHO defined eHealth as the cost-effective and secure use of information and communications technologies including health-care services, health surveillance, health literature, and health education, knowledge and research in support of health and health-related fields (eHealth).

India 2020 in the budget speech of 2018. This included two major health initiatives, namely Health and Wellness Centres (HWCs) and 2) National Health Protection Scheme (NHPS).

The Government of India (GoI) launched a national health initiative “Ayushman Bharat” or “Healthy India” as a part of the National Health Policy 2017 on 23rd September 2018 in Ranchi (Jharkhand) to achieve the vision of Universal Health Coverage (UHC) in India (National Health Portal, 2019).

Ayushman Bharat is a comprehensive need based healthcare services and it has been designed to provide holistic approach to healthcare related issues including primary, secondary and tertiary healthcare services at national level. Also, the focus is to reduce catastrophic out-of-pocket health expenditure by facilitating the health insurance scheme to cover 500 million people of the country.

Under the health scheme AYUSH, Table 1.7 shows the number of registered practitioners and average annual increase in growth rate of practitioners till 2018. This shows a 2% average annual increase in the growth rate of registered practitioners under the AYUSH scheme to facilitate quality care to Indian population.

The aim of the Ayushman Bharat scheme is to meet the targets of Sustainable Development Goals by 2030 (SDG3: “Good Health and Well Being”) such as (United Nations, 2015):

- 1) To reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- 2) To end preventable deaths of newborns and under-five children
- 3) To reduce neonatal mortality rate to at least as low as 12 per 1,000 live births
- 4) To reduce under-five child mortality rate as low as 25 per 1,000 live births
- 5) To achieve Universal Health Coverage (UHC) including access to quality care, affordable medicines and financial risk protection
- 6) To end the epidemics of AIDS, malaria and neglected tropical diseases and other communicable diseases
- 7) To promote mental health and well being
- 8) To ensure universal access to sexual and reproductive healthcare services
- 9) To strengthen the prevention and treatment of substance abuse
- 10) To halve the number of global deaths and injuries from road traffic accidents by 2020

- 11) To strengthen the capacity of developing countries to manage national and global health risks.

Table 1.7 Number of Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homoeopathy (AYUSH)							
Registered Practitioners (Doctors) and Population Served in India							
(As on 01.01.2018)							
Items	AYUSH Systems						Population (In ' 000)
	Ayurveda	Unani	Siddha	Naturo- pathy	Homoe- opathy	Total	
A. Registered Practitioners and Population of India							
Number of Registered Practitioners	443704	51110	9125	2485	293455	799879	1353621
%age of Registered Practitioners	55.5	6.4	1.1	0.3	36.7	100.0	-
Registered Practitioners per Crore Population	3278	378	67	18	2168	5909	-
B. Average Annual Growth Rate (In %age)							
Eighth Plan (1992-1997)	0.4	-0.2	1.6	-	2.4	1.0	2.0
Ninth Plan (1997-2002)	4.3	2.0	7.7	5.6	2.0	3.5	1.9
Tenth Plan (2002-2007)*	1.2	2.1	-21.7	13.7	2.0	1.1	1.5
Eleventh Plan (2007-2012)	-1.2	0.6	3.3	9.5	-1.7	-1.1	1.8
Twelfth Plan (2012-2017)	2.5	-0.5	2.9	8.5	4.5	3.0	1.6
(1992-2018)	0.9	1.0	-1.0	9.7	2.5	1.4	1.8
Average Annual Growth Rate in AYUSH	1.9	1.7	-1.8	5.0	2.7	2.0	1.9
Doctors During 1980-2018*							

Source: Ministry of Labor and Employment

Ayushman Bharat considered as the world's largest publicly funded health insurance scheme that facilitate the financial risk protection to the vulnerable section of the Indian population. Various health initiatives have been taken by the Government of India (GOI) to facilitate quality care at affordable rates is likely to contribute in the rate of employment in the healthcare sector of India. Also, it has been estimated that the number of registered doctors increased in India from 827,006 in 2010 to 841,104 in 2017 (IBEF, 2019).

Role of Digitalization in Healthcare

Digitalization in maternal and child healthcare sector includes multiple services such as mobile registration of a child at birth followed by access to other information on patient history via mobile for healthcare purposes, to complete and integrated patient health records that could be shared in real time scenario across healthcare professionals and organizations.

Paper based methods or traditional methods cause supply-chain issues in maternal and child healthcare sector especially in drug stock management. For instance, lack of knowledge about quantity and types of vaccines to carry for immunization causes difficulty in meeting local demand and generate a gap between demand for vaccines and supply of vaccines.

In Indian economy, there are several challenges in the health system such as poor funding, poor access to healthcare facilities, shortage of medical staff, and low implementation of mobile health services. This eventually leads to high maternal and child mortality rates, low life expectancy, poor quality of healthcare deliveries and lower productivity with a presence of disguised unemployment.

The introduction of mobile devices has enabled both the healthcare providers and seekers to access health information easily and quickly; for providers it has become easy to track patient's record, medical history, drug allergies and for seekers it has become easy to take medical advices from health experts, emergency care, access to medical facilities like ambulance, download medical reports, store their visits and access to health information on various health issues.

Mobile health solutions are overcoming geographical barriers and reaching out even to remote areas of low and middle income countries. India is a developing country with growing mobile penetration and strong network. Hence, it is time that we adopt digitalization of healthcare deliveries in MCH sector.

Conclusion

In Indian economy, there are several challenges in the health system such as poor funding, poor access to healthcare facilities, shortage of medical staff, and low implementation of mobile health services. This eventually leads to high mortality rates, low life expectancy, poor quality of healthcare deliveries and lower productivity with a presence of disguised

unemployment. Introduction of innovative approaches such as eHealth and mobile health interventions would increase employment in the country; increase in education on health information and digital literacy would improve literacy rate as well. Also, there is a presence of disguised unemployment in the traditional method of healthcare deliveries as marginal productivity of workers are zero in healthcare sector especially in rural India. For example, four to five ASHA workers are engaged in the filling of one log book while this task can be performed by one ANM via tablet in the maternal and child healthcare sector. Hence, mobile healthcare deliveries would generate employment and reduce disguised unemployment in this sector. New innovative approach and awareness on healthcare issues are raising employment in the healthcare sector but still there is a need to tap the potential healthcare market of India.

Bibliography

Express Healthcare. (2019, January). Employment opportunities in the future.

Frost & Sullivan. (2018). *Frost & Sullivan Recognizes World Health Day and Names 3 Top Technologies Fostering Global Healthcare Access*. Frost & Sullivan.

GSMA. (2017). *Scaling digital health in developing markets*. GSMA.

IBEF. (2019, July). *Healthcare Industry in India*. Retrieved August 2019, from IBEF:
<https://www.ibef.org/industry/healthcare-india.aspx>

Lund S, Nielsen BB, Hemed M, et al. (2014). Mobile phones improve antenatal care attendance in Zanzibar: a cluster randomized controlled trial. *BMC Pregnancy and Childbirth* .

Ministry of Labour and Employment . (2018). *Quarterly Report on Employment Scenario*. Labour Bureau. Chandigarh: Ministry of Labour and Employment .

MOFW, Government of India. (2015). A Digital Initiative under National Health Mission.

National Health Portal. (2019). *Ayushman Bharat Yojana*.

TOI. (2018, March). *India 145th among 195 countries in healthcare access, quality:Lancet*. Retrieved August 2019, from TOI: <https://timesofindia.indiatimes.com/india/india-145th-among-195-countries-in-healthcare-access-quality-lancet/articleshow/64283179.cms>

TOI. (2018, April). India is now world's second largest mobile phone producer: ICA. Retrieved from <https://timesofindia.indiatimes.com/business/india-business/india-is-now-worlds-second-largest-mobile-phone-producer-ica/articleshow/63565476.cms?from=mdr>

United Nations. (2015). *SDG 3: Good Health And Well-Being*. Retrieved August 16, 2019, from United Nations in India: <https://in.one.un.org/page/sustainable-development-goals/sdg-3-2/>

WHO. (2016). *Health in the Sustainable Development Goals*. World Health Organization.

WHO. (2016). *The Delhi Commitment on Sustainable Development Goal (SDG) for Health released*. World Health Organization.

WHO. (2017, October). *World Health Organization*. Retrieved 01 21, 2018, from Children: reducing mortality: <http://www.who.int/mediacentre/factsheets/fs178/en/>

World Health Organization (WHO). (n.d.). *Health and development*. Retrieved 05 03, 2016, from WHO: <http://www.who.int/hdp/en/>