

Sustainable Development Goals (SDG) and health sector challenges for India

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Dr. Bhaskar Balakrishnan,
Former Ambassador of India
<http://bbalakrishnan.netai.net>
Email: bb0947@gmail.com

SDGs what are they ?

- SDGs are a set of 17 goals to be achieved during 2016-2030
- There are 169 specific targets to be met.
- Negotiated over 2 years at the UN, agreed by UN member states in Sept 2015
- These SDGs apply to all countries, regions, cities, and all sectors and entities which are challenged to act.
- The 17 SDGs are interrelated and interconnected. We must achieve them all together.
- Achieving the SDGs will require major efforts and transformations in societies.

Road to the SDGs

- 8 Millennium Development Goals (MDGs) were agreed by the UN in 2000 for the period till 2015, to address global development challenges
- MDGs focused only on national averages, while factors such as gender, inequality, disability, ethnicity and location not taken into account
- SDGs build upon the experience of the MDGs and cover the period till 2016-2030.
- Most MDG targets were for action in low income countries; SDGs are universal, equally applicable to all countries with targets for rich countries as well as poor.
- SDGs have been drawn up with much wider consultations unlike the MDGs.

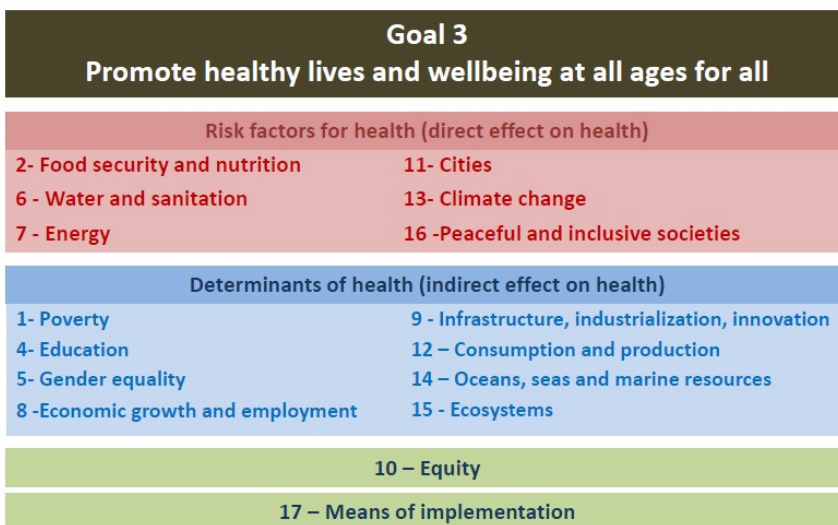


Implementation

- National governments will be responsible for implementation of the global goals from 2015 through to 2030.
- The SDGs are a voluntary framework, governments are not legally required to implement them, or report on progress towards them.
- Civil society will need to be actively involved and keep pressure on governments and other entities to ensure implementation.
- Actions such as public dialogues and debates within community, parliament and local government, making SDGs an election issue, National conferences, public forums, and meetings with decision-makers to discuss implementation and share best practices can strengthen implementation

The 17 Sustainable Development Goals

Linkages between health and other goals



SDG 3 - the Health sector targets

- 3.1 By 2030, reduce the global **maternal mortality ratio to less than 70 per 100 000 live births.**
- 3.2 By 2030, **end preventable deaths of newborns and children under 5 years of age**, with all countries aiming to **reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.**
- 3.3 By 2030, **end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases** and combat hepatitis, water-borne diseases and other communicable diseases.
- 3.4 By 2030, **reduce by one third premature mortality from non-communicable diseases** through prevention and treatment and promote mental health and well-being.

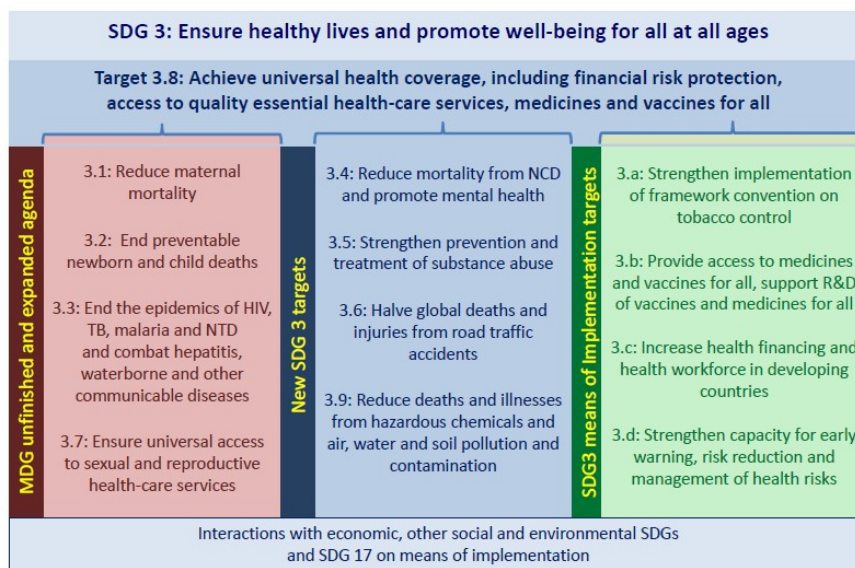
SDG 3 Health sector - targets

- 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
- 3.6 By 2020, **halve the number of global deaths and injuries from road traffic accidents.**
- 3.7 By 2030, **ensure universal access to sexual and reproductive health-care services**, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
- 3.8 Achieve **universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.**
- 3.9 By 2030, substantially **reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.**

SDG 3 Health Sector - targets

- 3.a Strengthen the implementation of the WHO Framework Convention on **Tobacco Control** in all countries, as appropriate.
- 3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases **that primarily affect developing countries**, provide access to **affordable essential medicines and vaccines**, in accordance with the **Doha Declaration on the TRIPS Agreement and Public Health**, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide **access to medicines for all**.
- 3.c Substantially **increase health financing and the recruitment, development, training and retention of the health workforce** in developing countries, especially in least developed countries and small island developing States.
- 3.d **Strengthen the capacity of all countries**, in particular developing countries, for **early warning, risk reduction and management of national and global health risks**.

Sustainable Development Goal 3 and its targets



Health linkages with other targets

Risk factors for health (direct effect on health)

2.2 end **malnutrition**, achieve targets for reductions child stunting and wasting
 5.2: eliminate all forms of **violence** against all women and girls
 6.1 achieve universal and equitable access to safe and affordable **drinking water**
 6.2 achieve universal and equitable access to adequate **sanitation and hygiene**
 7.1 affordable access to affordable, reliable and **modern energy**
 11.6 reduce the adverse per capita environmental impact of cities (**air pollution**)
 13.1 strengthen resilience and adaptive capacity to **climate-related hazards and natural disasters**
 16.1: reduce all forms of **violence** and related death rates everywhere etc.

Determinants of health (indirect interaction)

1.1 eradicate poverty everywhere
 2.3 double agricultural productivity and income of small-scale food producers
 4.1 ensure all boys and girls complete quality primary and secondary education
 5.1 end all forms of discrimination against girls and women
 8.6 reduce proportion of youth not in employment, education or training
 9.1 develop quality, reliable, sustainable and resilient infrastructure
 11.1 adequate, affordable, quality, resilient housing
 12.5 reduce waste generation
 13.1 strengthen resilience and adaptive capacity to climate-related hazards and natural disasters
 ... and others

10 – Equity

17 – Means of implementation

India – expressed intentions

- "We are confident that **India would be able to achieve the 9 targets under SDG 3** "- Union health minister J. P Nadda. 24 May 2017, World Health Assembly, Geneva.
- "Important to build a **strong, resilient health system** that mitigates any country's vulnerability to health crises. "
- "The achievement of health related goals and targets, in Indian context, is a **daunting task**."
- "India remains committed to ensuring **quality and affordable healthcare for all**. We have made strategic investments under the **National Health Mission** and the **national disease control programmes**. We are committed to further **strengthening the health systems**."
- "The **National Health Policy, 2017** lays down the roadmap for various milestones and targets. To translate the Policy into affirmative action, we are working with the States, Union Territories, academicians and development partners. A **National SDG-3 Task Force** has been set up with representation of key ministries, agencies and experts."

Health Minister's comments, 6 July 2017 BRICS meeting

- **"The National Health Mission (NHM)** represents the prime vehicle to achieve the SDG-3 and is aligning its goals in its next phase with the National Health Policy 2017 and the SDG-3."
- "India has expanded the number of vaccines under **Universal Immunisation Programme (UIP)** and launched **Mission Indradhanush** aimed at expanding coverage by reaching the unreached," said Nadda.
- "India has taken various measures to augment both number, quality and skill mix and geographical distribution to address shortage of critical health human resource such as increasing medical seats, **upgradation of district hospitals to medical colleges in underserved areas and establishing new AIIMS.**"

SDG-3 related initiatives

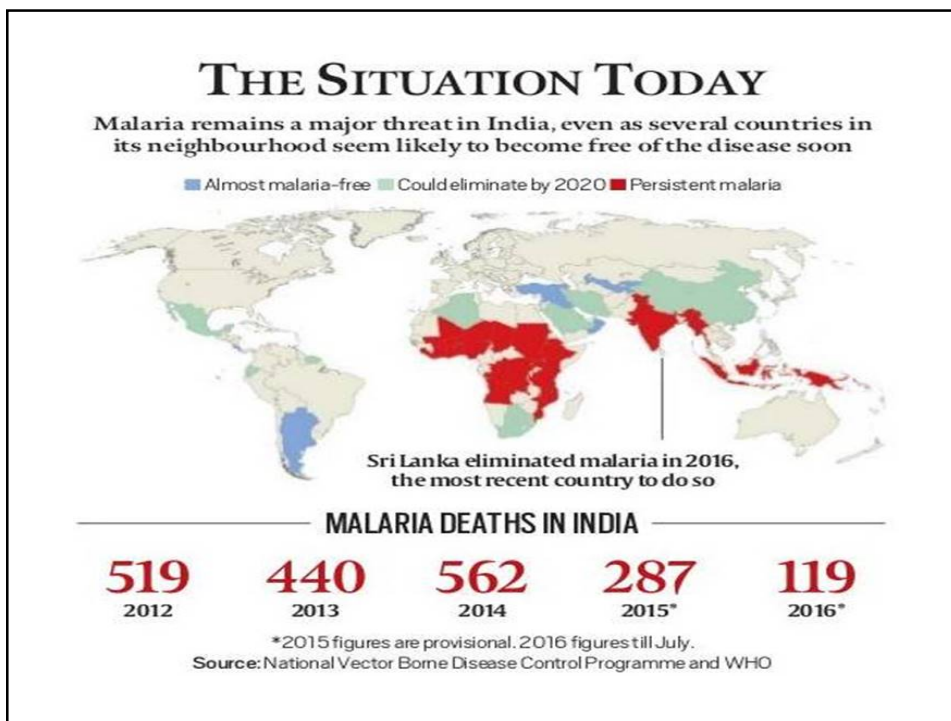
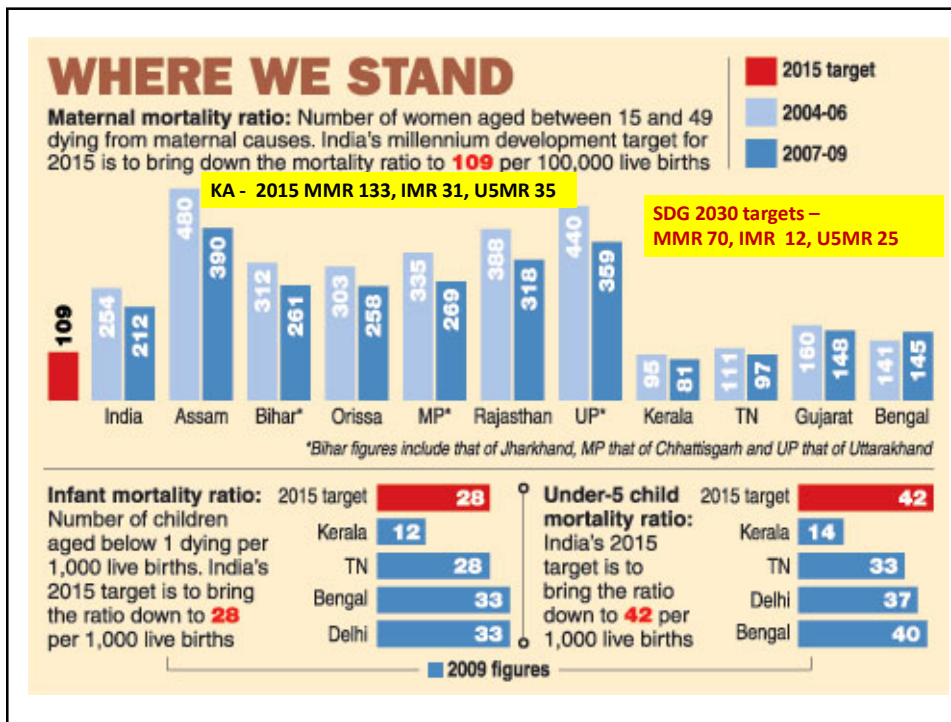
- Health is a State Subject. However, under the National Health Mission Central support is provided to the States/UTs.
- A National Task Force on SDG 3 has been set up by the Ministry of Health and FW, to deliberate on policy and strategy but also provide technical support and guidance on SDGs to the States.
- NHP 2017 and State health policies envisage 2.5% of GDP from Centre and 8% of SDP from States for healthcare.

Where do we stand ?

- The Institute of Health Metrics and Evaluation (IHME) published a health-related SDG index, the **Healthcare Quality and Access Index (HAQ)** with a rating of 0-100 that combines 32 health-related indicators to measure progress for 195 countries between 1990 and 2015.
- India improved its HAQ from 31 to 45 from 1990 to 2015.
- India (45) in 2015 is ranked at 154 in a list of 195 countries, ahead of Pakistan (43), but far behind countries like Sri Lanka(73) , China(74), Nepal (51), Bhutan (53), Bangladesh(52), even war-torn Syria(75) and Iraq(60) .
- 2015 rankings - Top score Iceland (94), lowest Central African Republic(29); USA(81), Global average – 54.

Where do we stand ?

- **Malaria** - Sri Lanka, Iraq, Syria, Libya and others that have eliminated malaria scored 100 on that indicator while **India registered only 10 points.**
- **Under-five mortality** - India is close to achieving the MDG goal of 42 deaths per 1,000 births and, in 2014, registered 45 deaths per 1,000 births. On a scale of 0-100, India has a score of 39 on this front.
- On **safe hygiene practices, India has 8 on the scale of 0-100.**
- India's highest score has been 93 on the 'war' indicator front that assesses age-standardised death rate due to collective violence and legal intervention, per 100,000 population. Countries like Syria, Iraq, Libya and Pakistan have registered single digits.
- Some experts to suggest that the reason why India continues to be one of the worst-performing countries in health is because **its political and medical classes have persistently ignored public health principles**



Health indicators comparison

Indicator (2015)	Karnataka	Kerala	India
IMR urban	19	6	29
rural	34	5	46
U5MR urban	23	8	34
rural	39	6	56
MMR (2011-13)	133	61	167

Are we doing enough ?

- **Financing** - India's quest for universal health coverage (UHC) cannot be realised unless public spending is expanded significantly.
- Other BRICS countries governments spends **more than 3% of GDP on health, while for India it is around 1.3%(2015)**.
- Public spending on Health - Centre 33%, States 66%.
- **Private spending accounts major part (70%)** of total health care spending of around 4.5% of GDP
- The National Health Policy 2017 envisages an increase in spending to **2.5% of the GDP by 2025, which may be too little and too delayed**.
- The Union government has been **cutting the health budget**; Central Health Budget 2017-18 is at 0.29% of GDP – which is only marginally better than previous years' level of 0.26%; underfunding of primary care and public health.

Some issues

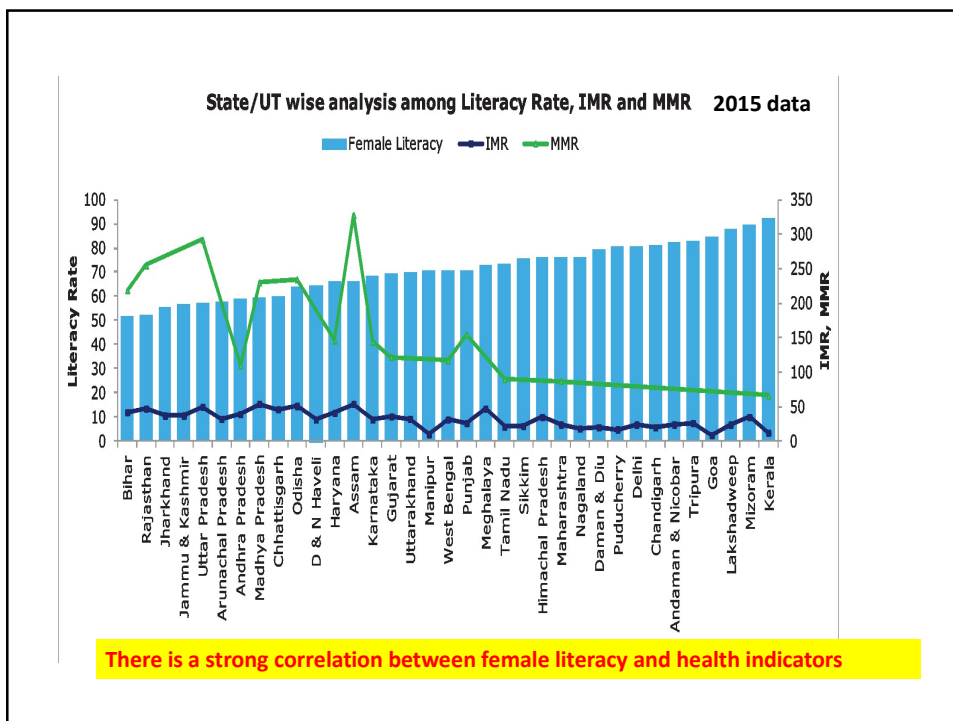
- **Health system strengthening:** There is still a shortfall in the required **number of Sub-Centres, Primary Health Centres and Community Health Centres.**
- There is a **shortfall of human resources, particularly specialists in rural areas.** These deficiencies have seriously hampered improvement of health outcomes.
- Even though the proportion of childbirths occurring in health facilities has increased, this has not led to expected improvements in maternal mortality because health facilities have been **unable to provide quality services, particularly emergency care.**
- Diagnosis and treatment of communicable and non-communicable diseases, **requires well-equipped, comprehensive and appropriate care at all levels of the health system,** which is grossly inadequate today.

Some issues

- **Access to essential medicines:** India is one of the leading manufacturer of pharmaceuticals in the world, but over 65 percent of its population does not have access to essential medicines.
- Under the National Health Policy 2017 -free medicines and diagnostics for all in Public Health facilities, is possible only if **adequate central Government funding is available instead of this being left entirely to the states.**
- **Price control of essential medicines** through the Drug Price Control Order 2013 covers only 15% of the total domestic market of more than Rs. 1 lakh crores.
- NITI Aayog has advocated **restricting price control and delinking it from the list of essential drugs,** but the need is to extend the coverage of price control to more essential and life-saving drugs.
- The NITI Aayog has also recommended **disinvestment of government owned pharma companies,** a move that will reduce the capacity of Government to promote affordable access to medicines.

Some issues 3

- **Regulating Private Health Care Sector:** India’s large and unregulated private sector continues to operate without proper regulation.
- **The Clinical Establishments Act remains unimplemented,** and the National Health Policy 2017 talks of “strategic purchasing”, which indicates a push towards privatisation.
- The Government of India states “Towards achieving universal health coverage, a health insurance cover of INR 100,000 is being extended to all poor families” – but the **impact on financial protection may be minimal** if not detrimental.
- Irregularities in the private sector show that, there is an **urgent need for regulation.**
- Attainment of targets such as the elimination of communicable diseases requires the **private sector to comply with treatment guidelines and reporting requirements.**



Conclusions

- SDG 3 will be difficult to achieve unless –
- Public health services funding and efficiency are stepped up.
- Private sector healthcare needs better regulation.
- Market based approaches (insurance, privatisation) should not substitute strong public and universal healthcare systems.
- Civil society must pressure state and central governments to give more attention and resources to the health sector.
- Healthcare sector personnel will play a key role in achieving SDG 3.
- New technology (telemedicine, e-medicine, etc) can be effective provided the population is educated enough to take advantage of them
- Should there be a health cess in our tax framework, similar to the education cess ?

THANK YOU