SUSTAINABLE DEVELOPMENT GOALS

Goal - 3 ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

By 2030,	
3.1	Reduce the global maternal mortality ratio to less than 70 per 100,000 live births
3.2	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 1,000 live births and under 5 mortality to at least as low as 25 per 1,000 live births
3.3	End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
3.4	reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
3.6	Halve the number of global deaths and injuries from road traffic accidents
3.7	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	substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
3.a	Strengthen the implementation of the World Health Organization 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
3.a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

Ensure healthy lives and promote well-being for all at all ages

NATIONAL SCHEMES AND POLICIES

Nodal Ministry- **Ministry of Health & Family Welfare,** *Government of India*

Centrally Sponsored Schemes (CSS)	Related Interventions	Targets	Other Concerned Ministries/ Departments
1. National Health Mission including NRHM (Core) 2. Human Resource in Health and Medical Education (Core) 3. National Mission on Ayush including Mission on Medical Plants (Core) 4. National AIDS &STD Control Programme 5. Integrated Child Development Service (ICDS) (Core)	1. Pradhan Mantri Swasthya Suraksha Yojana (2006) (Core)	Target 3.1	Health & Family Welfare, Ayush, Women & Child Development, Tribal Affairs
		Target 3.2	Health & Family Welfare, Ayush, Women & Child Development
		Target 3.3	Health & Family Welfare, Ayush, Tribal Affairs Drinking Water and Sanitation, Food Processing Industries
		Target 3.4	Health & Family Welfare , Ayush, Women & Child Development , Tribal Affairs
		Target 3.5	Home Affairs, Health & Family Welfare , Ayush
		Target 3.6	Road Transport & Highways, Health & Family Welfare, Ayush
		Target 3.7	Health & Family Welfare, Ayush
		Target 3.8	Health & Family Welfare, Ayush, Tribal Affairs
		Target 3.9	Ministry of Environment, Forest and Climate Change, Health & Family Welfare, Ayush
		Target 3.a	Health & Family Welfare, Ayush
		Target 3.b	Health & Family Welfare , Ayush, Commerce
		Target 3.c	Health & Family Welfare , Ayush
		Target 3.d	Health & Family Welfare, Ayush

Source: - http://niti.gov.in/writereaddata/files/SDGsV20-Mappingo80616-DG_o.pdf

GAPS AND CHALLENGES

Maternal mortality remains very high with the national average at 178 per 100,000 live births in 2011-12 which is way above the target of 70 that is to be achieved. A few states are significantly worse than the national average such as Assam (328), Uttar Pradesh/Uttrakhand (292), Rajasthan (255), Madhya Pradesh/Chhattisgarh (230) and Bihar/Jharkhand (219).

Another major reason for this high level of maternal mortality is the low level of skilled health assistance available to women at the time of delivery. The national average was 76.2 percent in 2009 and once again quite a few of the laggard states have a lower percentage. Also only about 80 per cent women get ante-natal care and 60 per cent get post natal care.

The under five mortality rate (U5MR) for India as a whole was 52 per 1000 live births in 2012 which was still very high. Among the social groups, U5MR was highest among ST (85.7 per 1000) followed by SC (78.1 per 1000), OBC (62.8 per 1000) and 'others' (49.2 per 1000)

Similarly the situation with regard to infant mortality rate (IMR) too was bad with the national average being 42 per 1000 live births. Once again some states which are the usual laggards in all poverty indicators are significantly worse than the national average. The universal immunisation is still a distant possibility with the level being only about 85 per cent in 2012. Among the social groups, IMR was highest among SC (56.4 per 1000) followed by ST (52.1 per 1000), OBC (40.6 per 1000) and 'others' (38.9 per 1000).

Generally Malaria, Tuberculosis, Diabetes, Diarrhoea, Cholera and such other endemic diseases continue to present a public health challenge as their incidence is still very high. Due to poverty and lack of Access to Health Facilities, Taking the composite indicators for overall health the Scheduled Castes and Scheduled Tribes have consistently done much worse as compared to other sections of the population and the Muslims too have lagged behind as detailed in Table 7 below adapted from a report of a human development survey conducted by the National Council of Applied Economic Research (Desai et al, 2010).

Table 7: Access to Health Facilities by Social Group **Source: Desai et al, 2010**

	Treatment for Minor Illness (%)			Treatment for Major Illness (%)	
Social Groups	In Govt	In Private	No Treatment	In Govt	In Private
High Caste Hindu	16	78	6	20	80
Other Backward Caste	17	74	9	21	79
Scheduled Caste	17	72	11	26	74
Scheduled Tribe	24	56	20	32	68

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RECOMMENDATION

1. There has to be a huge increase in public health expenditure to at least 3 percent of GDP from the current abysmal level of 1.1 per cent and this to be monitored effectively by elected local bodies to prevent leakage.
2. The nexus between private practitioners, private hospitals, health insurers and pharmaceutical companies to fleece the patients has to be broken and this can only happen if there is a well funded and well monitored public health system operating from the grassroots to the highest tertiary and super speciality levels.
3. There has to be a massive awareness campaign at the grassroots level to explain the causes of basic health problems and training and basic medicines given to community workers to address these problems before they aggravate and require specialist treatment.
4. The current market based health insurance schemes to be substituted by a robust health care system from the government.

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Holding the Government Accountable to its Promise to End Poverty, Social Exclusion & Discrimination

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