



National Health Policy 2017: Can it release Health-related burden of diseases towards achieving health-related Sustainable Development Goals?

*Dr. Vibhor Dudhraj¹, Abul Faisal², Sreekiran CV³, Debraj Mukhopadhyay⁴

^{1,2,3,4}Department of Public Health, School of Allied Health Sciences, Delhi Pharmaceutical Sciences & Research University (DPSRU), New Delhi-110017, India,

Abstract:

The United Nations (UN) General Assembly adopted the new development agenda on 25 September 2015 with the motto "Transforming our world: the 2030 agenda for sustainable development" by adopting 17 Sustainable Development goals and 169 targets, including one specific goal for health with 13 targets going well beyond Millennium Development Goals (MDGs). The health goal is "Ensure healthy lives and promote well-being for all at all ages". Universal Health Coverage (UHC) is already the crucial benchmark for countries to assess and monitor progress against the SDGs. In 2017 the Government of India (GOI) unveiled the new National Health Policy (NHP 2017) intending to fortify the role of the Government in reshaping Health-care systems in all dimensions. With India's NHP 2017 in effect, the policy framework for changing the country's health paradigm correlates with the worldwide approach to health systems reinforcing UHC accomplishment. Concerted steps must be taken to realize the required results embarked on within the SDGs and NHP-2017, including government intervention to render health as a person's right; successful stewardship by the National Ministry of Health and Family Welfare; reorganization of health care service provision by enforcing a "program approach" ensuring adequate security from health-care costs, and enhancing civic engagement and transparency. Though this new health policy will help in improving maternal and child health, however, it remains unspecific about 'Health as a fundamental right' and plenty of burning issues, including the nascent problems with non-communicable diseases (NCDs), violence against women, sanitation and, most significantly, ignoring the urgent need for a long- financial vision of primary health care furthermore as public health within the country. The present article discusses if the goals and targets proposed in NHP-2017 are aligned to achieve SDGs goals 3 and 6 through the existing health-care system in India.

Keywords: Health, Millennium Development Goals, Sustainable Development Goals, Universal Health Coverage, National Health Policy 2017, Public health.

Abbreviations:

MDGs- Millennium Development Goals

SDGs -Sustainable Development Goals

NHP - National Health Policy

UN - United Nation

UNDP -United Nation Development Programme

WHO - World Health Organization

UNGA - United Nation General Assembly

NCD - Non-Communicable Disease

Background:

In the fall of 2015, WHO discharged a progressively methodical investigation of general well-being designs since 2000 and an undertaking assessment throughout the following 15 years[1]. The United Nations central station in New York, in the wake of the association's 70th commemoration celebrations, presented a milestone bundle of 17 goals and 169 targets named the Sustainable Development Goals (SDGs). This will establish initiatives that would be followed by the governments and by the global network in meeting the ongoing Sustainable Development Goals (SDGs). The 17 SDGs are greater and better than the MDGs and deliver a target that is important for all citizens and all governments to ensure "there is nobody left behind. The new system requests that each of the three components of practical development – financial, social, and natural – be drawn nearer in a comprehensive manner [1]. It is progressively evident that a lot more extensive, faster, and increasingly thorough methodology is required to trigger the social and financial change expected to achieve 2030 SDGs. Consequently, this investigation plots handle that can quicken change in every one of the 17 SDGs: subsidizing; strength; serious and even handed economies; increasingly proficient establishments; nearby activity; improved information use; and more prominent accentuation on advanced change of research, innovation, and innovation. In everything we do, we will guarantee that approach choices don't abandon anyone and that national activities are joined by solid worldwide joint effort, concentrated on conciliatory commitment and emergency prevention [2]. India, the third-biggest economy on the planet, has seen critical in general improvement since the MDG time frame, yet the victories have fallen short of the normal desires in numerous areas [3]. The NHP recognizes the critical situation of the SDGs [5] to show the way forward the National Health Policy (NHP) must be refreshed over a 15-year interval [4]. With a down drop in disparities in the well-being area and a move from fighting simply transmittable sicknesses to the quickly emerging issues of NCDs, street traffic wounds, and nourishment shortages [5].

Aim of the Study:

The objective of the present study is to find out if goals and targets proposed in the National Health Policy of India 2017 are aligned to achieve health related Sustainable Development Goals through the existing health-care system in India.

Gains and challenges in the Indian health sector:

India quickens and emotional improvement in medical problems over the previous decade, in any case, the nation and its residents confronting two or three well-being related difficulties. The administration from the Government of India (GOI) and Ministry of Health and Family Welfare (MoHFW) and aggregate exertion of the system have brought about the imperative increase and planned endeavours have cut down the nation's Under-five death rate to 36.6 per 1,000 Live Births [6], the new-born child death rate from 58 (2005) to 34 (2016) per 1000 live births [7] and the WHO lately praises India for its terrestrial advance by 77 percent from 556 per 100 000 live births in 1990 to 130 per 100 000 live births in 2016, for each 100 000. The WHO praises India for its pioneering growth. India's existing MMR is under the Millennium Development Goal (MDG), and targets the nation to reach its SDG objective of an MMR under 70 by 2030 [8]. Further, India has accomplishing Millennium Development Goal (MDG 6) on combating human immunodeficiency infection, tuberculosis, intestinal sickness, and in dispensing with illnesses, for example, polio, yaws, and maternal and neonatal lockjaw. Regardless of these progressions, the essential difficulties despite everything exist. India adds to 22% of the overall weight of transmittable, maternal, perinatal, and dietary conditions. Like-wise a yearly birth companion of 26 million kids, India represents 1.2 million under-five or 17% of worldwide yearly youngster. High pace of dietary deficiencies and other powerful diseases are the other indispensable difficulties, particularly in urban territories. Also, the weight of treatable sickness remains very high and unending well-being imbalances continue to preserver.

From MDGs to SDGs:

The 2030 Sustainable Development agenda provides an impetus for countries and the international community to reinforce their dedication to health progress as a core component of development [9]. The 17 corresponding Sustainable Development Goals (SDGs) identify the focus fields of intervention.

Practically all the SDGs are legitimately identified with well-being or will add to welfare in a roundabout way. One objective (SDG3) explicitly decides to "Guarantee sound lives and advance prosperity for all at all ages." Its 13 targets expand on the progress made on the MDGs and mirror another attention on non-communicable maladies and the accomplishment of widespread well-being inclusion.

Health and the SDGs

Several health targets originate from the unfinished MDG initiative, while a range of other health objectives are drawn from the World Health Assembly guidelines and the related action plans. Given if the agenda is far more important, the rest of the scepticism directed at SDGs (around feasibility, uniformity & accountability etc.) as a whole can be dealt with relatively easily.

Around the same time, the nature of the current agenda has to be taken into account: one that not only considers health to be the protection of healthy lifestyles, the promotion of well-being for all, but also a vital part of sustainable growth which affects health and its determinants.

The following segment addresses 10 aspects that may contribute to a company's role in well-being and SDGs. In five large subtitles we are listed.

1. THE PLACE OF HEALTH IN THE SDGs:

1.1 Goal 3 on Health –

Ensuring a safe life and encouraging well-being for all ages is one of the 17 priorities. Many critics also indicated that well-being is either missing or demoted from the MDGs, with three out of eight safety goals. Objective 3 is written in a very specific manner and the analogy is, in any case, inaccurate. The MDGs represented a fairly limited set of outcomes for human growth, which are popular for health [10]. Some important health issues are missing from the SDGs, but not many. The goals of Goal 3 cover a lot of the land. Nearly all goals may be linked to or established through policies and global action plans introduced in recent years by the World Health Assembly. In Goal 2 on nutrition and Goal 11 on cities older people are referred to. There is little effect on health services of population aging as a global phenomenon, even partly because of the effects it has on NCDs and mental well-being [10].

2. HEALTH SYSTEMS ARE CENTRAL TO THE NEW AGENDA

2.1. The health targets have a logical relationship

"To promote physical and mental health and well-being and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind. We commit to..." (thereafter follows a summary of health targets) [10]. Achieving the new health targets cannot rely on business as usual.

One of the recognized challenges of the MDG period was the separation of national health systems arising from the setting up of independent programs, each focused on their own goals, with little understanding of the effects on the health system as a whole. This condition is compounded by creating a different estimation of funding demands for growing initiative – based mainly on lobbying rather than realistic budgeting [10].

3. FOLLOW-UP AND REVIEW

3.1. Monitoring the health goal is as important as monitoring individual targets

Most current measurement frameworks may be used for tracking specific goals for the safety objective. The SDG plan, therefore, offers an incentive to streamline the monitoring criteria found in several WHA (World Health Assembly) resolutions. However, the main danger is that new attempts to create metrics, measure success, and keep policymakers and others to account rely solely on specific targets, neglect the larger picture, the interrelationships between priorities and objectives, and inequality in particular [10, 12, 13].

There will be a growing focus on accountability at country level. It is therefore not hard to imagine how the SDGs, in addition to being the subject of country-level monitoring of specific health targets, will also be used to provoke debate about the country's position on income inequality or health, migration, access to medicines and many other factors that have an impact on health. While keeping to its health and equity concerns, the WHO needs to be ready to act. [10]

GOAL 3:(Ensure healthy lives and promote well-being for all ages) by considering NHP norms.

Achievement of SDGs Goal 3Targets within consideration of NHP norms.

1. Maintaining safe lives and encouraging longevity for all age classes, is the primary safety target of the SDGs. The first aim is to raise the 'Maternal Mortality Ratio (MMR)' to under 70 per lack of live births. India experienced a three quarter fall from 1990 to 2015 [14]. From the 1990 baseline of 556 MMR had raising to 162 live births per lack [15]. The country's current agenda seeks to hit a goal of 100 by the year 2020.

2. The second target of this goal intends to end preventable deaths of new-borns and children under five years of age by 2030 with all countries aiming to reduce neonatal mortality to as low as 12 per 1000 live births and under 5 to 25 [14]. The NHP intends to reduce the under-five mortality to 23, neonatal mortality to 16, and stillbirth to single-digit numbers. The policy ensures complete immunization for more than 90 percent of new-borns [16].

3. This goal also targets to end the epidemics of HIV/TB/Malaria, neglected tropical diseases, and to combat hepatitis, waterborne, and other communicable diseases [14]. The NHP has a Target to achieve and maintain the cure rate of more than 85 percent in new sputum positive cases of TB and reach elimination by the year 2025. For HIV the target of 90:90:90 will be achieved by 2020. It is aimed at getting rid of Leprosy by 2018, Kala-Azar by 2017 and Lymphatic Filariasis by 2017 [14].

4. In the SDGs, premature morbidity targeted at minimizing morbidity by two-thirds by 2030 should be decreased to 25 percent by 2025, according to the NHP [14, 16]. This has been promised to be incorporated into the primary health care network with linkages to specialists' consultations and follow up at the primary level [16].

5. To ensure universal access to sexual and reproductive health by 2030, the NHP ensures the availability of free comprehensive primary care services for all aspects.

6. The NHP advocates building of a strong and transparent drug purchase policy, facilitating a low-cost pharmacy chain like Jan Aushadhi stores, ensuring prescription of generic medicines, rationalizing drug regulatory system, promoting research and development in the pharmaceutical industry and manufacturing new vaccines. The policy recommends uninterrupted supply of good quality vaccines. To reduce the number of deaths and illnesses from hazardous chemicals and air and water pollution, the NHP intends to levy pollution cessation [16].

- **SDGs GOAL-3**

6. Targets under Goal 3

6.1 By 2030 the global maternity mortality ratio is reduced to below 70 per 100,000 live births.

6.2 Stop preventable deaths by 2030 in New-borns and children under 5 in all countries targeted at rising neonatal mortality to at least 12 per 1000 live births and 5 deaths to at least 25 per live births.

6.3 In 2030 the epidemics of AIDS, Tuberculosis, malaria and untreated tropical diseases will end and tuberculosis, waterborne diseases and other communicable diseases will be combated

6.4 By 2030 premature mortality from non-communicable diseases is reduced by one third by prevention and diagnosis and mental and well-being promotion.

- 6.5 Strengthen the prevention and treatment of substance abuse from Opioid misuse and alcohol usage.
- 6.6 Halve the number of global deaths and injuries caused by road accidents by 2020.
- 6.7 Ensure equal access to sexual and reproductive health services by 2030 including information and awareness about family planning and the incorporation of reproductive health into national policies and programs
- 6.8 Ensure comprehensive health coverage including financial risk protection, access to vital quality health care services, and access to reliable, efficient quality and affordable vital medicines and vaccines for Everyone.
- 6.9 Until 2030 the number of deaths and diseases from toxic substances and air-water and soil emissions and degradation should be substantially reduced.

● **NATIONAL HEALTH POLICY**

1. NHP 2017- Health Status and Programme Impact

- 1.1 Life Expectancy and healthy life
- 1.2 Increase Birth life expectancy from 67.5 to 70 by 2025.
- 1.3 Set daily monitoring of the Impairment Adapted Life Years (DALY) index as an indicator of illness burdens and their patterns across major groups across 2022.
- 1.4 Reduction of the TFR by 2025 to 2.1 at the regional and sub-national levels.

2. Mortality by Age and/ or cause

- 2.1 Reduce Mortality under Five to 23 by 2025 and MMR from current rates to 100 by 2020.
- 2.2 Reduce child mortality to 28 by 2019.
- 2.3 Lower neonatal mortality to 16 and yet "single-digit" birth rates by 2025;

3. Reduction of disease prevalence/ incidence

- 3.1 Achieve the 2020 global goal, also known as the 90:90:90 goal, for HIV / AIDS i.e,- 90% of all HIV-positive patients know their HIV status,-90% of all individuals infected with HIV undergo continuous anti Retro-viral drug therapy and 90% of all people undergoing anti Retro-viral drug therapy may undergo viral suppression.
- 3.2 Achieve and preserve the removal status of leprosy in resistant areas by 2018, kala-azar by 2017 and Lymphatic Filariasis by 2017.
- 3.3 Reaching and sustaining a cure rate of > 85 percent of recent sputum-positive TB patients and raising the occurrence of new infections, reaching elimination status by 2025.
- 3.4 Raising the prevalence of blindness to 0.25/1000 by 2025 and the burden of disease by one third from the current level.

3.5 Eighty percent of household-level identified hypertensive and diabetic individuals retain "managed disease status" by 2025.

4. Cross sectoral goals related to health

4.1 The relative decline in the incidence of daily consumption of tobacco by 15% by 2020 and by 30% by 2025;

4.2 Increasing the incidence in stunting in under-five infants by 40 percent by 2025.

4.3 Safe clean and sanitation connectivity for everyone by 2020 (Swachh -Bharat Mission).

4.4 Reduce workplace injuries by half from current rates of 334 per lakh farmer by 2020.State / national reporting of identified health behaviour.

5. The policy identifies coordinated action on seven priority areas for improving the environment for health:

5.1 Healthy & balanced diets and regular exercises.

5.2 Addressing tobacco, alcohol and substance abuse

5.3 Yatri Suraksha – preventing deaths due to rail and road traffic accidents

5.4 Nirbhaya Nari –action against gender violence

5.5 Reduced stress and improved safety in the workplace

5.6 Reducing indoor and outdoor air pollution

5.7 The Swachh Bharat Abhiyan

6. Organization of Public Health Care Delivery

6.1 In primary treatment – from limited coverage to universal care related to specialty hospitals

6.2 In secondary and tertiary coverage – from input-driven to output-based strategic buying

6.3 Public hospitals – from patient fees & cost recovery to assured free medications, medical and emergency facilities for everyone

6.4 In services and human capital growth – from a conventional approach to a focused approach to targeting under-served communities.

6.5 Public well-being – from small initiatives to on-scale, guaranteed measures to the organization of primary health care provision and public disadvantaged referral service.

6.6 It promotes cooperation with other industries to tackle wider public safety determinants.

6.7 In Public Health Services – the collaboration of community networks for the success of initiatives and in exchange contribute to the improvement of quality health systems.

SDGs Goal No-6

A review of the latest SDG 6 indicator data is presented in the SDG 6 Synthesis Report on Water and Sanitation¹ produced by UN-Water. This report provided a basis for measuring future progress and identified gaps in knowledge, capacity, and availability of resources. Basic data shows that the current progress of SDG 6 is not on track to be achieved by 2030.

1. Target 6.1 (Achieve access to safe and affordable drinking water):

Achieving universal access to safe and affordable drinking water means providing basic water services to 844 million people and improving the quality of service to 2.1 billion people who lack safe drinking water services (WHO and UNICEF, 2017). Universal access also means providing access to services in schools, health care facilities. This will require substantial increases in investment from governments and other sources and the strengthening of institutional arrangements for managing and regulating drinking water services in many countries.

2. Target 6.2 (Achieve access to sanitation and hygiene and end open defecation):

More than 2.3 billion people lack basic sanitation services, 892 million still practice open defecation, and 4.5 billion people lack safe sanitation services. These will not be eradicated with current trends by 2030. Only 27 percent of the population in the LDCs have access to soap and hand washing facilities (WHO and UNICEF, 2017). Strengthening the capacity of local and national authorities is essential for managing and regulating sanitation systems, particularly in low- and middle-income countries. Further work is needed to harmonize the methods and standards used to monitor the treatment and disposal of excreta from on-site sanitation systems.

2. Target 6.3 (Improve water quality, waste-water treatment, and safe reuse):

Pollution of water resources is a barrier to progress towards the 2030 Agenda targets. Water pollution has worsened in almost all rivers in Latin America, Africa, and Asia since the 1990s. Severe pathogen pollution already affects about one-third of all rivers in these regions (UNEP, 2016). Increasing the political will to tackle pollution at its source and to treat waste-water will protect public health and the environment, mitigate the costly effects of pollution and provide additional water resources. Waste-water is an undervalued source of water, energy, nutrients, and other recyclable by-products. Waste recycling, reuse, and recovery can reduce water stress. An organized, consistent, and proactive policy framework is therefore required for numerous actors engaged in the control, processing, disposal, recycling and reuse of waste-water to participate in healthy and creative practices.

4. Target 6.4 (Increase water quality and maintain the availability of freshwater):

More than 2 billion citizens reside in countries with high water tension. Farming is by far the biggest consumer of freshwater, responsible for approximately 70% of global water withdrawals. Saving only a fraction of this will dramatically reduce water stress in other industries and would also boost economic development rather than constrain production. Agricultural water savings can come in several forms, such as raising the production of food crops (more crop per drop), developing water management practices and technology, introducing efficient agricultural practices, growing less water-intensive crops in water-rich areas, minimizing food losses and waste, and importing food from water-rich countries. Savings can also come from towns, manufacturing, and electricity efficiency.

5. Target 6.5 (Adoption of Integrated Water Resources Management (IWRM) including cross-border cooperation):

The global average level of adoption of IWRM is 48 percent, equivalent to a medium-low standard, but with large variability among countries. Achieving an advanced stage of deployment includes improved support for the production and maintenance of water supplies and the transition of IWRM to the lowest acceptable point. Trans-boundary cooperation is important for the introduction of IWRM at all stages, with 153 countries sharing rivers, lakes, and aquifers. The estimated national proportion of trans-boundary basins protected by the Operating Agreement is 59%, which implies that considerable effort is required to ensure that all trans-boundary waters are operating by 2030. It is now time to take advantage of the regional law mechanisms for common surface water and groundwater and improve the capacity of countries to agree and enforce cross-border cooperation agreements.

6. Target 6.6 (Protect and preserve water-related ecosystems):

The world has lost 70% of its total wetland area in the last century, including a significant loss of freshwater biodiversity. The baseline details of the predictor may not include a clear image of the general status or patterns of the freshwater habitats. Further comprehensive data (quantitative, geospatial, and qualitative) and its analysis are needed to show precise, contextualized understanding of water-related environments, in particular tracking of changes over time.

Goal 6.a (Expand Foreign Collaboration and Capacity Building):

Over 80 percent of participating countries reported inadequate resources to achieve the WASH national goals. Stronger domestic financial participation and effective use of established capital would be required to achieve the aim of leaving no one behind, while ODA would continue to contribute to the growth of water and sanitation needs.

Goal 6.b (Support stakeholder involvement):

Local community engagement in water and sanitation management can provide benefits such as supporting vulnerable communities and ensuring affordable resources. Nonetheless, the new measure tracks the presence of strategies and processes for local group involvement and not how that engagement is legitimate and substantive. Further work is needed to consider the nature and effects of engagement, and ensure that initiatives are successful and sustainable.

SDG 6 MAINSTREAMING:

Strong incorporation of SDG 6 into policy structures and planning-allowing the production of technical and social innovations-is being sought, promoting progress towards the achievement of SDG 6. For e.g. Bhutan has adopted a policy screening process, in which all planned policies will go through Gross National Happiness, ensuring that they are designed to allow the achievement of the SDGs. Enhancing efficiency of water by Smart technology solutions are constantly being utilized to boost the performance of water supply, such as the K-Water Smart Water Management Program, an advanced water management paradigm spanning the whole water process from source to tap. Methods are being built to promote water quality control. This involves tracking a few criteria by Earth Observations and utilizing inexpensive on-site monitoring tools to enable civil society to track rivers, lakes, and groundwater.

Initiative to Strengthened SDG 6:

Global initiatives to strengthen the monitoring of SDG 6 support the assessment of progress and the identification of action priorities. This includes the UN-Water Applied Control Project SDG 6 and the 2018 UN

Water Synthesis Study SDG 6 on Water and Sanitation. The latter will be released in June 2018, in time for the High-level Political Summit on Sustainable Growth, which will detail strategies to drive progress towards the target which outline the key linkages between SDG 6 and other SDGs.

SDGs 2 & 5 in NHP 2017 CONSIDERATION

SDGs GOAL 2: Target 2.2 of SDG:

By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons

2.2.1 Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age

2.2.2 Prevalence of malnutrition (weight for height $>+2$ or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and overweight)

SDGs GOAL 5: Target 5.6 of SDG:

Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care

5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education

CRITICS TO REVIEW NHP V/S SDGs OVERCOME

Primary health insurance was the path to attain health for everyone by 2000 AD. And only if everybody was united for health was health for everyone. This meant not only governments and scientific institutions, but individuals. The primary objective of health care lies in the fact that, through active engagement and at the cost of the society and the government, it is widely available to people or families in the community by means appropriate for them. And the role of health practitioners or physicians in working toward such good health is similar to that of a gardener with flies, molds and weeds. Their work has never been finished. Primary health care is the stream of people who are aware of their well-being. It relies on the awareness that services are being adequately handled of and on a continued appetite from the committed consumer-in-progress population. The basic values are good political commitment, group engagement and inter sectoral cooperation. Across both states, though, the Indian National Health Program across 1983 was not widely discussed. The 1983 and 2002 NHP struggled to grant the right to a health status, although many other countries are developing new policies for the realistic implementation of the right to health and medical services. This disturbing condition can be remedied by public education and advocacy alone. People do not forget that health is not just a service provided to them by a benevolent government / organization. The entity himself must receive and keep it. There should be no loneliness in addressing health issues. Hopefully, they should be part of our struggle for an equitable society, since improved health-care is a symbol of the increasingly developed world. The core values on which primary health care is centered are strong political commitment, civic engagement and inter sectoral

collaboration. The direct result of this has been the clamour, both within the medical circles and beyond, for the Union Government to announce National Health Policy (NHP), after the 1978 Alma Ata declaration took place during the Fifth Five Year program (1974-79). In its key conference this year already, the Indian Medical Association (IMA) came out clearly before the Alma Ata Congress, starting a drive around the world through meetings, workshops, etc. A nationwide discussion at IMA headquarters in New Delhi proposed an early declaration of a National Health Policy (Dutta 1988) was conducted with representatives from all parties. The Alma Ata Declaration, which urged every state to have a proclaimed NHP, was fast on the heels of it. The Indian government then set up operation, which was officially approved by Parliament in December 1983. The first NHP was declared in 1982. The tragic part of the story is now coming. Oddly enough, there was virtually no argument in both chambers when the bill was presented. It demonstrated a lack of knowledge and/or understanding of something that the country would have known instantly as important. You know how indifference for politicians means that the right policies are not effective. Except in state houses, the proposed proposal was barely debated. The premier all India body of medical practitioners, the Indian Medical Association, was never consulted at the formulation stage and therefore could put forward criticisms only at the final stage, which, in an already callous atmosphere, proved of little avail.

DISCUSSION:

The SDG-3 has charted UHC as the key theme for future growth and progress of countries. In India, while government initiatives pulled 90 million people out of poverty between 2009 and 2012, at the same time, an estimated 60 million people were pushed into poverty due to out-of-pocket expenditure on health. Investing in health contributes to poverty alleviation, but poverty alleviation programs cannot meet their targets unless adequate financial protection against health costs is in place. Macroeconomic studies have shown that one additional year of life expectancy contributes to an annual increase of 4% GDP per capita. By preventing premature deaths due to NCDs alone, India can save as much as US \$4.58 trillion by 2030. Thus, to continue efforts toward achieving UHC, India needs to optimize the current positive policy environment as well as investment in health sector.

Global experiences have shown that well-coordinated health sector reforms can contribute to “inclusive development” by improving health and well-being of the citizens, reducing inequities and averting situations adversely affecting health of the citizens. Improved health financing and revamping of policies and overall health system can help in achieving UHC and build a healthier country. However, progress on UHC cannot be made overnight and a key principle for achieving it is “progressive universalization,” i.e., starting with whatever is available and gradually adding health services and improving financial protection for larger populations as the capacity of health system grows.

Recommendation:

Overall, in India, the integration of SDG agenda in NHP-2017 and NITI Aayog's Vision for Health (2032) has provided an unprecedented opportunity to re-position health. The NHP 2017 highlights the change from limited hospital treatment to holistic clinical care at health and well-being centres, which would include geriatric health care, palliative health care and rehabilitative care facilities. A path map to improve the country's health infrastructure and the plan of strategy undoubtedly appears dedicated to moving health care towards sustainable growth. The new flagship “National Health Protection Scheme,” recently launched by the union government, assures a health insurance cover of ₹5 Lakh a family per annum and has a scope to cover 10 crore vulnerable families and approximately 50 crore beneficiaries. This ambitious scheme has a great potential to improve financial protection, reforming how services are financed, purchased, and provided, and enhancing private

participation through empanelment. The program will be extended progressively to encompass broad communities, particularly the middle classes and the wealthy, and the variety of established programs can be increased. These approaches can build a path in achieving SDGs at desirable time.

Health has given the country a higher priority and it can have devastating economic consequences not to invest in health systems for achieving UHC at this opportunity. It is time to learn from the past, build on the advantages and undertake an ambitious journey to achieve planned SDGs 2030 goals. The strategy definitely seems to have a commitment to guiding health services towards sustainable development to improve the health services of the country. However, to achieve the desired results, strong political will with adequate financial and human resources is necessary.

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