

## HEALTH IN INDIA TOWARDS SUSTAINABLE DEVELOPMENT

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### Abstract

The health of a nation is an essential component of development, vital to the nation's economic growth and internal stability. Good health and economic prosperity tend to support each other. Ill health leads to low productivity, reduces national savings and capital accumulation. Health status of population is seen as a development issue, rather than just a medical one. Good health and well-being are the core dimensions of the SDGs Goal 3 which aims to 'ensure healthy lives and promote wellbeing for all at all ages'. It reflects the concern for human development by addressing emerging health issues. In India, the improvement is reflected in some health indicators. MMR (Maternal Mortality Rate) and IMR (Infant Mortality Rate) have reduced. Life Expectancy has increased. But inadequate expenditure on health, nutritional problems, inadequate sanitation and hygiene, availability of clean drinking water, burden of large population, increasing mental health issues, burden of communicable and Non-communicable diseases, shortage of health infrastructure, road traffic accidents, lack of health education, increasing out of pocket expenditure and inequity in access and affordability are among the main challenges in the health sector. As India is strongly committed to the 2030 Agenda, including the SDGs, it has accorded priority to the health sector to achieve 'Health for All'. Against this background, this paper is focused on SDG goal 3 on health. What are the main challenges in this sector? Will India with her national health policy 2017 be able to achieve this goal.

Key words ; Health, SDG, policy, India,

### Introduction

Social sector development has both intrinsic and instrumental values. In the social sector, health is of paramount importance as a national asset and the basis to sustain as well as stimulate optimum levels of efficiency. Healthy populations live longer and are more productive. Declines in mortality and fertility rates contribute to accelerated economic growth. Poor health constitutes suffering and deprivation of the most fundamental kind. Poors remain disconnected from market forces which leads to less social cohesion and larger probability of unrest and increased debt. Therefore health status of population is seen as a development issue, rather than just a medical one.

### Research Issues

Health is a relative term. It is influenced by a complex of genetic, environmental, social and economic factors related to each other. Health is now a common theme in all the communities whereas it was neglected earlier. In 1977, the 30<sup>th</sup> World Health Assembly decided the attainment of health by all the citizens of the world as mandatory. The first Human Development Report used health and life expectancy as a basic dimension of human development. Health was also a priority in Millennium Development Goals. Prof. Sen has emphasized that social choice cannot be inconsistent with human values and rights. Human Development Report 1997 states, "Income clearly is only one option the people would like to have, though an important one. But it is not the sum total of their lives. Income is also a means with human development the end". Health while being an end in itself has now become a major SDG goal. The SDGs reflect the concern of the global community to eradicate disease, strengthen healthcare, and address emerging health issues.

In India, the progress has been made since independence in the health status of the population; that is reflected in the improvement in Life Expectancy, reduction in MMR and IMR and few other health indicators under the impact of various policies and programmes. India's rank 129<sup>th</sup> out of 189 countries on the 2019 HDI places her in medium group of human development. It still lags behind many Asian countries and is far from achieving SDG goal. Its share in world population is 17 per cent at the same time, it had a share of 23 per cent in child deaths, 26 per cent in childhood vaccine preventable deaths, 20 per cent in malarial deaths, 68 per cent in leprosy cases, 30 per cent in tuberculosis cases and 10 per cent share in the number of HIV infected persons. Inadequate expenditure on health, nutritional problems, inadequate sanitation and hygiene, availability of clean drinking water, burden of large population, increasing mental health issues, burden of communicable and Non-communicable diseases, shortage of health infrastructure, road traffic accidents, lack of health education, increasing out of pocket expenditure and inequity in access and affordability are among the main challenges in the health sector. Will India with her national health policy be able to achieve SDG goal 3 on health?

## Review of studies and Objectives

In many countries the SDG goal 3 on health is charging new efforts to implement. Finland has five strategic priorities, one being promoting health and well-being. Its implementation consists of 26 key projects to support these high-level objectives. The development of a 'Healthy China' is central to the Chinese Government's agenda for health and development. It indicates the commitment of China to participate in global health governance and supports the goals of the 2030 Agenda for Sustainable Development. Brolan emphasized the importance of engaging participants from outside the health sector in both research and policy-making to address health-related goals. Hangoma and Surgey examined the possible effect of Zambia's sugar tax intended to reduce non-communicable diseases (NCDs). Meurs found that the IMF programs and policy advice to the three countries (Malawi, Uganda, and Tanzania) emphasized fiscal consolidation and regressive taxation measures, affecting health spending directly and key health determinants indirectly. Against this background, present paper is focused on SDG goal 3 on health in India with following objectives;

- What are the main challenges in this sector ?
- Will India with her national health policy 2017 be able to achieve this goal ?

## Explanation

### Good health and well-being - core dimension of the SDGs goals

To have development in more sustainable way, 17 SDGs (Sustainable development goals) were adopted by 193 countries in September 2015. SDGs goal 3 aims to "ensure healthy lives and promote well-being for all at all ages". Health-related indicators directly /indirectly are present in 10 of the other 16 goals- Ending hunger, achieving food security and improved nutrition, ensuring availability and sustainable management of water and sanitation for all, and ensuring access to affordable, reliable, sustainable and modern energy. SDG3 includes targets for the reduction of NCD (Non Communicable Diseases)-related mortality and promotion of mental health -for reducing substance abuse, including the harmful use of alcohol -for reducing of deaths and illnesses from air pollution -and for tobacco control. (WHO 2016). For the first time, the promotion of mental health and well-being is included. The inclusion of mental health and substance abuse in SDGs is expected to have a positive impact on communities and countries where millions of people will get much needed help.

### SDG 3 Targets and Other Linked Targets

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, 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 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 noncommunicable 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 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

3.8 Achieve universal health coverage (UHC), 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

3.a Strengthen the implementation of the World Health Organisation 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,

3.c Substantially increase health financing and recruitment, development, training and retention of the health workforce in developing countries

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.

2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round

2.2 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

5.6 Ensure universal access to sexual and reproductive health and reproductive rights

6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all

6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable

situations

6.3 By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally

7.1 By 2030, ensure universal access to affordable, reliable and modern energy services

11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety,

### **Challenges towards the Achievement of SDGs Goal**

The health is placed under the directive principles of state policy. Govt made many efforts to ensure better health facilities for the citizens. Through the implementation of the National Health Policies, govt. tried to achieve the MDG goals of health; reduction of under-five mortality by two-thirds and maternal mortality ratio (MMR) by three quarters, between 1990 and 2015, achievement of universal access to reproductive health, and halt and reverse the spread of HIV/AIDS, malaria and other diseases by 2015, and achievement of universal access to treatment for HIV/AIDS for all those who need, by 2010.

With the initiation of National Rural Health Mission and the National Urban Health Mission India, there was improvement in health indicators and health care infrastructure. We achieved total elimination of polio and significant reduction in leprosy cases and incidence of Kala-azar and Lymphatic. Accredited social health activist (ASHA) became a key link to public health services in villages in India. But we could not achieve the targets of Millennium Development Goals (MDGs) of maternal mortality (India – 167, MDG – 139) and under-5 child mortality rate (India 49, MDG – 42). Following are the main challenges of public health;

#### **1 NCDs are on the rise, infectious diseases remain a key challenge.**

Rising rates of obesity, unhealthy eating habits and sedentary lifestyles; exposure to air pollution; high levels of tobacco use have contributed to the country's high burden of NCDs. Heart disease, diabetes, hypertension, and lung disease, plague the country in significant numbers.

India is among the 11 most malaria-affected countries in the world, currently accounting for 3 percent of global malaria cases. Some 1.2 million new cases of Tuberculosis annually India has the highest number of diabetic cases in the world. India reports about one million new cases of cancer every year. 2.4 million Indians die due to heart disease every year. Of the 37 million blind people globally, about 15 million are in India. India still tops the world in 2014 in new cases of leprosy. India has the third highest number of people living with HIV in the world with 2.1 million infected cases.

#### **2 Enormous challenges in the area of women's and children's health**

India faces enormous challenges in the area of women's and children's health. The maternal mortality ratio and infant mortality rate (IMR) remain unacceptably high. India ranked 104 out of 117 countries on the 2019 Global Hunger Index--performing worse than Pakistan (94), Bangladesh (88) and Sri Lanka (66). The prevalence of nutritional anaemia in India is relatively higher than that of other developing countries, affecting nearly 50 percent of the population. One in two women in India are anaemic. About 55 percent adolescent girls suffer from anaemia in India. According to the WHO, the prevalence of anaemia in India is 65-75 percent. Malnutrition is the predominant risk factor for death in children younger than five in every state of India. The prevalence of stunting and underweight has been decreasing, however, the prevalence has remained very high in India at 39 per cent and 33 per cent respectively, in 2017.

### **3 Increased Mental Illness**

According to the World Health Organisation (WHO), around 7.5 percent of Indians suffers from some form of mental health problem. However, the prevalence rate is said to be much more. The National Institute of Mental Health and Neurosciences (NIMHANS) has indicated in its report that nearly 150 million individuals need active psychological intervention.

Unfortunately, India has the highest suicide rate in the world among the youth standing at 36.5 per 100,000 people, whereas the average global suicide rate is 14.5 deaths per 100,000 people. It also calls for a renewed focus on mental health issues as depression, anxiety, mood disorders, sleep disorders are increasing. The increased cases and uncertainty due to pandemic is haunting people taking a toll over their mental health.

### **4 Traffic-related deaths**

Road accidents account for 83 percent of all traffic-related deaths in India and 43 percent of all accidental deaths. While it has just 1 percent of the world's vehicles, India accounts for over 10 percent of global road crash fatalities – the highest. There is one death every four minutes due to a road accident in India. Approximately 33 percent of people killed in crashed belong to 15-24 year age bracket. 16 children die on Indian roads daily. The Motor Vehicles (Amendment) Bill, 2017, will serve as the first and most essential step towards making Indian roads safer. E-Challan and Parivahan provide a comprehensive digital solution for enforcement of Traffic rules.

### **5 Safe Sanitation, Hygiene and drinking water is killing millions in India**

India is among the world's most water-stressed countries as per capita water availability is less than 1700 cu m per year. In India, per capita water availability in 2001 and 2011 is 1816 and 1545 cubic metres respectively and these are going to reduce further. Annually 37.7 million people are affected by water borne diseases. 1.5 million children are estimated to die of diarrhea. 62 million people are at the risk of suffering from fluoride due to excessive fluoride in ground water. Nearly six million children below the age of 14 suffer from dental, skeletal and non-skeletal fluorosis. In India, approximately 10,700 crore rupees is annually spent on treatment of water borne diseases. According to World Bank report, a staggering 344 million practice open defecation in our country.

### **6 Gross mismatch between demand and supply**

The doctor-population ratio in India is 1:1456 against the WHO recommendation of 1:1000. India is one among the many countries which is facing critical shortage of health care workers. Access to healthcare is far from equitable across the country. The government hospitals are facing the problem of lack of resources, skilled, trained manpower and infrastructure. India has one of the lowest density of health workforce; with density of physicians (7 per 10,000 population) and nurses (17.1 per 10,000 population) as against the global average of 13.9 and 28.6 respectively (World Health Statistics, 2015). Availability and accessibility of affordable medicines and diagnostics is also an issue.

The 2019 Global Health Security Index measures countries' pandemic preparedness on a score of 1-100 based on their ability to prevent, detect, mitigate and cure diseases. The index ranks India at 57 out of 195 countries, indicating that we may be more vulnerable than China (at 51). The pandemic has improved India's health infrastructure by pushing both the government and private sector to incur expenditure on covid-19-related services.

### **7 Out of Pocket (OOP) health spending rate- one of the highest in the world**

India is world's second most populous country. 1 of every 6 people on the planet live in India. The government's low spending on health care places much of the burden on patients and their families as evidenced by the country's out-of-pocket (OOP) spending rate. India's Out of Pocket (OOP) health spending rate is one of the highest in the world. The healthcare facilities are getting costly, and becoming non-accessible for many as private sector dominates this sector. RSBY covered the cost of secondary-level hospitalization for few.

### **National Health Policy, 2017 – a way forward to SDG**

Indian government has accorded priority to the health sector to achieve 'Health for All' in its National Health Policy, 2017. More funds to health sector has been allocated. In the union budget, health sector allocations of Rs 69,234 crores, an overall increase of 4.1 percent over the previous year's allocation of Rs. 66,499 crores. Available literature on the subject argues that countries with high level of public spending in health have secured better health outcomes compared to the countries with low level of spending on health (Drèze & Sen, 2013).

Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (PM-JAY) provides health insurance coverage to economically vulnerable populations, is a major step taken by the govt for universal affordable access to healthcare. By December 20, 2019, it had issued more than 114 million e-cards for a sum of Rs 5 lakh.

"India has made ground-breaking progress in reducing the maternal mortality ratio (MMR) by 77 percent from 556 per 100,000 live births in 1990 to 130 per 100,000 live births in 2016," according to the report on NHM 2019. However, India is

still a long way from the SDG goal. Life expectancy has increased to 68.7 years. Life expectancies for women is higher (70.2 years) than men (67.4 years). India's infant mortality rate--deaths per 1,000 live births--also fell from 42 in 2012 to 33 in 2017, as IndiaSpend stated in 2019. This rate is higher than the global average (29) and India's neighbours Nepal (28), Bangladesh (27), Bhutan (26), Sri Lanka (8) and China (8) but better than that of Pakistan (61) and Myanmar (30).

"India has attained significant progress in achieving immunization coverage through Universal Immunization Programme (UIP)," it said. Under Mission Indradhanush, 3.39 crore children and 87.18 lakh pregnant women in 680 districts have been vaccinated. New vaccines such as Measles-Rubella (MR), Pneumococcal Conjugate Vaccine (PCV), Rotavirus Vaccine (RVV) and Inactivated Polio Vaccine (IPV) have been introduced.

"[The] estimated birth rate declined from 25.8 in 2000 to 20.4 in 2016 while the death rate declined from 8.5 to 6.4 per 1000 population over the same period," the report states, "Overall 75 percent of rural births are now supervised as compared to 89 percent in urban areas." The government has adopted other initiatives such as Eat Right & Eat Safe, Fit India, AnaemiaMukt Bharat, PoshanAbhiyan and Swachh Bharat Abhiyaan etc. Many initiatives such as SurakshitMatritvaAashwasan (SUMAN), Social Awareness and Action to Neutralise Pneumonia Successfully (SAANS) and TB HaregaDeshJeetega have been taken.

Drugs procurement, quality system and distribution has been streamlined through IT based Drug Distribution Management Systems. The PradhanMantriSwasthyaSurakshaYojana (PMSSY) was launched to augment the tertiary healthcare capacity in clinical care, medical education and research in underserved areas of the country.

Jal Shakti Abhiyan launched to accelerate progress on water conservation activities in water stressed districts of India. Since the launch of the SBM-G in 2014, over 10 crore toilets have been built in rural areas; over 5.9 lakh villages, 699 districts, and 35 States/UTs have declared themselves Open Defecation Free (ODF).

## **Conclusion**

For India to achieve this goal, it will have to reach the value of around 0.9 for its Health Index. We all know that the impacts of global health crisis are widespread and enormous. Will we be able to achieve SDGs on health after this pandemic? The country has to make serious efforts. India should make use of its traditional health system in order to enhance affordable and accessible healthcare. We must raise the awareness among the women and girls about health issues. Food security is essential to all. Adolescents and youth must be sensitized about mental health issues in the schools and colleges. Yoga can be a remedial strategy to fight against mental illness. The health care services and systems in India are still developing and have challenges of workforce shortages, absenteeism, poor infrastructure and quality of care. The pandemic has shown the critical need for health emergency preparedness for a safe living environment for all. The government must focus on the healthcare infrastructure both qualitatively as well as quantitatively. There is also need of better coordination among the Central Government, State Government, and the Civil Society. A more comprehensive, coordinated, and integrated approach would yield more fruitful results. Hopeful to achieve this goal but we have to go miles and miles. A healthy and strong India can reap the best from the future world.

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