The National Consultation on Transitioning from MDGs to SDGs

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

10-11 May 2016, New Delhi

Conclusions and next steps

1 Background

United Nations General Assembly adopted the 17 Sustainable Development Goals (SDG) with 169 targets in Sept 2015. To take the SDG health agenda forward in India, the Ministry of Health & Family Welfare (MoHFW) in collaboration with World Health Organization (WHO) Country Office for India organized a National Consultation on Transitioning from MDGs to SDGs on 10-11 May 2016 in New Delhi.

The key objectives of the meeting were to: (i) orient all major national and state-level stakeholders, (ii) discuss the implications of SDG health targets, and (iii) consult the stakeholders regarding policy options for roll out, implementation, monitoring and evaluation of SDG-3 in India.

Participants: Over 250 participants from more than 40 institutions and agencies, including senior national level officials, representatives from 28 states and five union territories as well as domain experts extensively deliberated on various aspects of the SDG agenda.

2 Achievements and challenges in the health sector

- India has made huge progress in combating HIV, TB and Malaria as also in reducing the avertable maternal and child mortality. Polio eradication and maternal and neonatal tetanus elimination are major achievements. The progress on MDG 4 and 5 and 6 has been relatively better in India as compared to the global averages, while MDG 6 has been achieved. However, maternal and child mortality as well as TB burden remains high, with marked regional disparities and inequities.

- Though there has been a welcome increase in the budget allocation for health this year, at 1.2% of GDP, the government health expenditure is amongst the lowest in the world, which contributes to high out of pocket expenditure on health (about 60% of total health expenditure) and pushes nearly 40 million people into poverty and yet there are others who delay or do not seek health care due to financial constraints.

- Tackling the growing burden of noncommunicable diseases (NCDs) combined with an ageing population and urbanization requires urgent measures. A comprehensive national multisectoral action plan - Convergence with sectors having impact on health (nutrition, water sanitation and hygiene, environment, education, housing and road safety) needs to improve. In this context, the multisectoral action plan on NCDs is a positive development. Systems to detect and deal with emerging and re-emerging disease need to be strengthened to prevent severe socio-economic impacts of health security threats as witnessed in the recent Ebola outbreak of West Africa.

- The National Health Mission has greatly contributed to strengthening the government public health delivery systems and contributed in improved maternal and child health and management and control of certain Communicable Diseases like TB and Malaria. However, inter and intra state disparities in infrastructure, health workforce and service delivery exacerbate inequities in access to good quality affordable health service, especially in rural areas and underserved urban areas. Private sector, which provides nearly 70% of all health services, remains largely unregulated and quality of care is often unmeasured. Further, the private doctors and hospitals are largely concentrated in urban pockets in Tier 1 and 2 cities.

3 Key conclusions

1. The SDG agenda is broad, comprehensive and multi-faceted, with 169 cross-cutting targets under 17 different goals. The national and state policy options will need to go beyond the unfinished agenda of MDG 4, 5 and 6, while bringing to the forefront emerging priorities of NCDs and risk factors, environmental hazards and strengthening health systems. The SDG agenda strives towards Universal Health Coverage (UHC) for all Indians to have access to good quality health services they need without facing financial hardship for accessing healthcare. SDGs, in particular, focus on poverty alleviation and meeting needs of most vulnerable so that 'no one is left behind'.

2. The challenge of converting global goals into national and state-specific planning frameworks necessitates that the process is owned and led by the country, the first step to which is establishing a national vision for 'Health till 2030'. This necessitates a step by step roadmap with clear milestones, timelines, center-state roles and agreed M&E framework that can be broken into five to seven year plans. The 'Delhi Commitment' outlines the key principles and strategies to guide the priority setting at the state level. Development of the state SDG plans would require a comprehensive review and provide the flexibility to factor in the local context and for states to choose their own path and pace on the national roadmap.

3. Achieving the comprehensive health goal (SDG-3), which has inter-linkages to several targets under different goals, requires new ways of working and cannot rely on business as usual. To 'promote health and well-being of all Indians', high political commitment at central and state levels is indispensable, not only to increase investments in health but also to provide vision for 2030. Equally important is driving the convergent action of other sectors that have impact on health e.g. nutrition, water sanitation and hygiene, environment education and housing etc.

4. Sustained efforts would be necessary to finish the unfinished MDG agenda through further improvements in maternal, newborn and child health, confronting neglected tropical diseases, eliminating malaria and increasing the fight against tuberculosis. For all these challenges, it is clear what needs to be done –

programmes and interventions just need to be taken to scale, with equity and quality of services being central.

5. Effective national response to NCDs would need convergent action through the National Multisectoral Action Plan to curb the risk factors (including tobacco and harmful use of alcohol, and substance abuse) leading to NCDs, mental illnesses and road accident injuries. The package of essential NCD interventions (PEN) could be a good starting point and the scope can be expanded as system capacities improve and more resources become available.

6. UHC is not only an overarching umbrella and key to achievement of all SDG-3 targets and intrinsically linked to reducing poverty and inequities, but UHC is also a specific target. In order to achieve UHC increased investment in health is seen as crucial. Both UHC and the need to increase government health expenditure to 2.5% of GDP by 2020 are well articulated in the National Health Policy 2016. It was evident that UHC can not only ensure improved health and well-being (SDG-3) but can also contribute to reduction in poverty (SDG-1) by averting catastrophic health expenditures and reduce inequalities (SDG-10) in access to health services. Three fundamental aspects for investment to achieve UHC were identified: (i) invest in public health; (ii) strengthen health service delivery and quality, and (iii) improve financial protection.

7. *Investing in public health:* it was recognized that the National Health Mission represents the primary vehicle to achieve UHC. Strengthening the public health systems and universal comprehensive primary healthcare that includes preventive and promotive aspects are key strategies towards UHC. Equally critical is strengthening in integrated disease surveillance for early identification and response to health security threats. Reaching vaccination coverage of over 90% of routine immunization through Mission Indradhanush), strengthening reporting and treatment of TB patients through public-private partnerships, improving access to free essential drugs and diagnostics and elimination of Neglected Tropical Diseases (NTDs) are low hanging fruits and must all be capitalized upon.

8. *Strengthening health service delivery:* assess and strengthen the infrastructure and human resources for health (numbers, distribution and skill-mix), strengthen government health infrastructure and make essential medicines and vaccines available, especially in rural areas. Operationalizing the urban health component of NHM also needs to be accelerated. Establishing an integrated people-centered services (preventive, promotive, clinical, rehabilitative and palliative) models at primary level would improve access to good quality affordable health services for all throughout the life course. Given the magnitude of the private sector in India, engagement with private providers through strategic purchasing of healthcare through health insurance/assurance can circumvent the resistance to Clinical Establishment Act and help improve quality and affordability of services through indirect regulation

9. *Improving financial protection:* At the deliberations, it was agreed that people falling into poverty due to healthcare expenditure or delaying seeking healthcare due to financial constraints is unacceptable. In this context, despite the existence of programs such as NHM, RSBY and ESIS, most Indians do not have adequate protection against financial risks. Moving towards UHC would entail every Indian is secured financial risk protection alongside the vulnerable populations. This will require creating bigger pools and improve risk sharing where poor are cross-subsidized by rich and sick by the healthy. This will ensure sustained health care services to the poor and sick while providing health security to the entire population. It was recognized that the existing RSBY and proposed National Health Protection Scheme (NHPS) are promising government initiatives in the direction and can cover large parts of the population. At the same time, effective operationalization will necessitate enhancing the management and strategic purchasing capacity of the states, which in mid to longer term will improve efficiencies in the system.

10. It was also recognized that while 'more money for health' is necessary, obtaining 'more health for money' requires that national and state plans are evidence informed and managed in an integrated manner, backed by robust monitoring and evaluation (M&E) framework.

11. Monitoring of SDGs indicators offers a good opportunity to streamline health information systems and to further develop ICT solutions. Civil Registration and vital statistics system providing causes of death, multi-purpose population based health surveys capturing data on 'new indicators', equity measurement using Socio-economic status, geography, gender, all call for the development of an overall Health Information System framework and well defined indicator and data sources. In that context, integration and interoperability of existing administrative data sources and means of collecting data from other sectors will be essential.

4 Next steps

Based on the deliberations, the next steps at central and state levels are proposed below. It is important to note that the next steps on SDG-3 will need to be aligned with broader plans of Government of India for roll out of the overall SDG agenda and the NITI Aayog's proposal of 15year National Development Agenda.

4.1 National level

What needs to be done: Provide the vision and policy options to states for effective rollout and implementation of the SDG-3 agenda, as well as ensure oversight and conduct periodic reviews.

How could this be done- Action Points

1. Mission Steering Group on NHM to:
    i. Set the vision, priorities and milestones for rollout, implementation and M&E of SDG-3 agenda;
    ii. Provide oversight and conduct periodic review of the SDG implementation; and
    iii. Engage with other relevant ministries for inter-sectoral convergent action on health determinants

2. Establish National Task Force on SDG-3 that will work under the guidance and report to the Mission Steering Group:
    i. Develop the Monitoring Framework for SDG-3 in India with a rollout plan;
    ii. Support the states with rollout of the SDG health agenda; and
    iii. Set up periodic review mechanisms

4.2 State level

What needs to be done?

1. Translate the Delhi Commitment on SDG for health into a tangible plan of action and integrate SDG-3 targets in state health policies and plans; and
2. Effectively rollout, implement and monitor the SDG-3 agenda as per the national framework, keeping in view the state realities.

How could this be done- Action Points

1. Set up a state level task force to oversee the rollout, implementation and M&E of SDG-3;
2. Sensitize key stakeholders; plan consultations on the lines of National SDG consultation;
3. Initiate dialogue on health sector performance assessment and setting health priorities for the state in line with the SDG-3 targets and indicators;
4. Engage and initiate dialogue on inter-sectoral convergent action for health; and
5. Start mulling over identification of the key initiatives necessary for strengthening health information and reporting mechanisms required for measurement of the SDG-3 indicators.

Annexure: Suggested composition and ToRs of the national level agencies

1. ***National Task Force on SDG-3***
   - **Suggested composition**: Representation from MoHFW (DGHS, Statistics Division, RMNCH, NTDs , NCDs etc.), 4-6 states, representative of NITI Aayog, Office of Registrar General of India, Indian Council of Medical Research, Ministry of Statistics and Programme Implementation, UN Agencies (WHO, UNICEF, UNFPA) International Institute of Population Sciences, Mumbai and academia (TISS and PHFI) NHSRC and NIHFW under the chairpersonship of Secretary, Health and Vice-chairpersonship of Additional Secretary & Mission Director, National Health Mission,
   - **Key terms of reference**
     i. Develop the Monitoring Framework for SDG-3 in India with a rollout plan:
        a. Map all the proposed indicators under each target and identify the key domains and data elements that are being collected and those that may be challenging to collect;
        b. Identify indicators/areas requiring further deliberations/ clarifications;
        c. Agree upon the equity stratifiers to capture (age, sex, urban/rural, wealth, education) and how to maintain this in current information systems or future surveys;
        d. Suggest inter-operability with existing health information systems and compatibility with future planned health surveys; and
        e. Recommend data flow and management- who collects and reports what data, at what level, using what methodology, with what periodicity/frequency.
     ii. Support the states with rollout of the SDG health agenda:
        a. Plan for state/regional levels consultations involving key stakeholders to build a shared understanding, approach and vision;
        b. Develop the package of technical and resource material for conducting regional workshops; and
        c. Provide technical support to the states in development of state specific operational and M&E plans for the SDG-3
     iii. Set up review mechanisms:
        a. Put in place mechanisms for periodic review and progress in the SDG implementation; and
        b. Guide the analysis of data for feeding into policy/ programmatic action