

HEALTH PROGRAMMES TOWARDS SDG 2030 TARGETS

Dr Srinivasaraghavan Venkatesh

DNB MD DPH MPH (Harvard) FAMS FIPHA

Director General of Health Services

Ministry of Health & Family Welfare

Government of India

MILLENNIUM DEVELOPMENT GOALS

- 2nd half of 20th Century - general realization: more focused attention with specific achievable targets required to achieve universal health care
- Advances in medical sciences - new vaccines & new medicines for several diseases and the antibiotic revolution - helped process.
- MDGs agreed upon by world leaders, in Sept 2000, committing themselves to fight diseases that were seriously affecting global PH.
- 3 of the 8 MDGs were specifically about health, reflecting the concern of the global community.
- Lessons:
 - Considering the vastness, diversity and the differential stages of development between regions of the Country, it is necessary to draw up local specific strategies and programs.
 - With disaggregation, decentralization essential to ensure local specific programs & community participation
 - We should first focus on preventive health care, considering its social & economic status and also factors that contribute to ill health.

FROM MDGS TO SDGS

- By 2012, the world realized that the achievements in MDGs, were not sufficient and that it is necessary to carry them forward in a more sustainable way.
- This led to drafting of the SDGs - approved on 25 Sept 2015
- Out of the 17 goals, Goal No. 3 “Ensure healthy lives and promote well being for all at all ages” is specifically about health
- Other SDGs are indirectly about health - have great relevance for achieving the health for all goal:
 - 2: Ending hunger, achieving food security & improved nutrition
 - 6: ensuring availability and sustainable management of water and sanitation for all
 - 7: ensuring access to affordable, reliable, sustainable and modern energy for all

WAY FORWARD TOWARDS SDG-3

- Preventive Health Care
- Strengthening Healthcare Infrastructure
- Ensuring adequate Human Resource in Health
- Research & Development and innovation
- Local production of pharmaceuticals and vaccines & biologicals

NATIONAL HEALTH PROGRAMMES TOWARDS SDG 3 TARGETS

3.1 BY 2030, REDUCE GLOBAL MMR TO LESS THAN 70 PER 100,000 LIVE BIRTHS

- Govt of India committed to improving quality of care around birth and ensuring respectful maternity care leading to reduction in neonatal & maternal mortality.
- Recently launched LaQshya (Labour Room Quality improvement) initiative
- To cater to the critical needs of the mothers, Govt supports establishment of Obstetric High Dependency Units (HDUs) and ICUs. National guidelines released & significant progress made.
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) invites private sector to support Govt effort to provide fixed-day assured, comprehensive & quality antenatal care universally to all pregnant women
- 5 National Skills lab “Daksh” to sharpen OBG skills of trainees through practice on mannequins, simulation exercises, demonstration videos and presentations; being expanded to cater to all States/ UTs
- These initiatives will go a long way in setting up momentum required to achieve reduction in maternal mortality, especially in unserved/ under-served regions & populations.

3.2 BY 2030 END PREVENTABLE DEATHS OF NEWBORNS & CHILDREN UNDER 5 YEARS OF AGE WITH ALL COUNTRIES AIMING TO REDUCE NMR TO AT LEAST AS LOW AS 12 & U5MR TO 25 PER 1000 LBS

- Initiatives by Govt reflect the political will to achieve the reduction in childhood mortality:
 - Home Based Young Child Care (HBCY),
 - Rashtriya Bal Swasthya Karyakram (RBSK),
 - Mother's Absolute Affection (MAA) programme,
 - Mission Indradhanush
- On implementation side, professionals from various specialties like OBG, pediatricians, PH specialists and paramedical work force should work in close collaboration to achieve the targets.

**3.3 BY 2030, END THE EPIDEMICS OF AIDS,
TB, MALARIA & NTDS AND COMBAT
HEPATITIS, WATER-BORNE DISEASES AND
OTHER COMMUNICABLE DISEASES**

HIV/AIDS: NATIONAL AIDS CONTROL PROGRAMME (NACP) EVOLUTION

NACP I (1992-1999)
Initial interventions

NACP II (1999-2006)

Decentralization to states

Limited coverage of services

Launch of treatment services (2004)

NACP III (2007-2012)

District Focus

Massive scale up with quality assurance mechanisms

NACP IV (2012-17)

Consolidate gains

Focus on emerging vulnerabilities,

Balance with growing treatment needs,

Integrate & Mainstream

>65% reduction in new infections achieved since 2000

NACP-IV Extension (2017-20)

Committed to make concrete progress towards "End of AIDS by 2030"

Test and Treat; Mission Sampark

Viral Load Monitoring
HIV/AIDS Act

Universalization of testing of HIV and Syphilis among pregnant women

GOALS AND TARGETS

2030

End the epidemic of
AIDS

SDG
Goal 3,
Target
3.3

2020

- Reduce new HIV infections by 75% (Baseline 2010)
- Achieve treatment targets of 90-90-90
- Eliminate HIV-related stigma and discrimination
- Eliminate Mother to Child Transmission of HIV & Syphilis

Fast Track
Targets

90-90-90 By 2020

90% of all people living with HIV will know their HIV status

90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy

90% of all people receiving antiretroviral therapy will have viral suppression

GAME CHANGERS

Launch of Test and Treat



28th April 2017

HIV/AIDS Act

The **HIV & AIDS** Bill lists various grounds on which discrimination against HIV positive persons and those living with them is prohibited.

01. Employment
02. Educational establishments
03. Health care services
04. Residing or renting property
05. Standing for public or private office.
06. Provision of insurance

These include the denial, termination, discontinuation or unfair treatment with regard to :

Ministry of Health and Family Welfare
Government of India

11th April 2017

Launch of Viral Load Testing



26th February 2018

ACTIVITIES FRAMEWORK: CORE FUNCTIONS

Prevention

- Targeted Interventions for 'Vulnerable Popln'
- Condom Promotion
- STI/RTI Management
- Voluntary Blood Donation
- PPTCT for mother to child transmission
- IEC for General Population

Testing

- Integrated HIV Counselling and Testing Centers
- Vulnerable Population
- Pregnant Women
- Exposed Infants
- Blood Banks-Donors

Treatment

- ART Centres, Link ART Centres & Centre of Excellence
- Free treatment
- 'Treat All' HIV Patients
- Mission Sampark
- Psycho-social support through CSC

ACTIVITIES FRAMEWORK: CRITICAL ENABLERS

Laboratory quality

- Universal availability and access to quality assured HIV related laboratory services
- Pre-dispatch kit evaluation by consortium; Re-testing of samples; Proficiency testing
- CD4 testing; Viral load monitoring

IEC & Mainstreaming

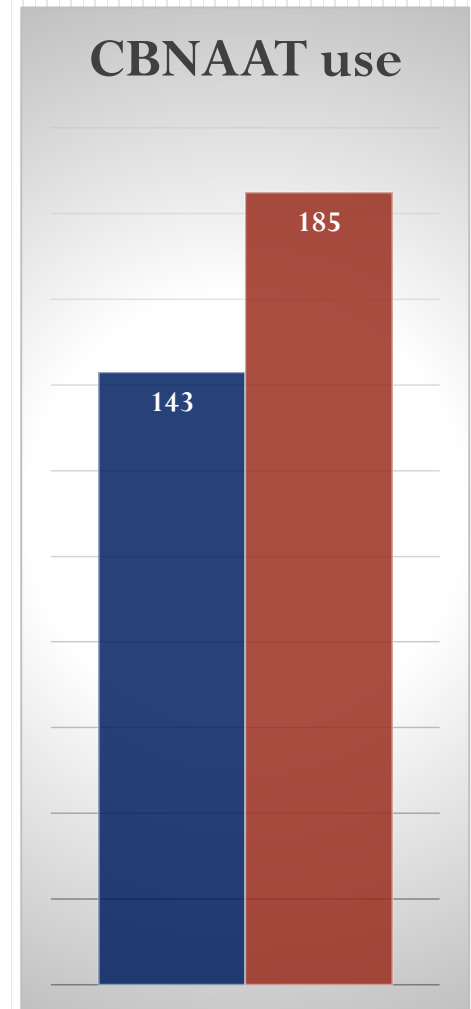
- Awareness creation, safe behaviour promotion and demand generation for services uptake
- 360° Media Campaigns
- Mainstreaming with Ministries & Industry; Multi-sectoral response; Social Protection

Strategic Information

- Epidemic monitoring; one of world's largest HIV surveillance
- IT enabled Program M&E;
- Research & Evaluation
- Data analysis & dissemination

RNTCP: PROGRESS

- **7,83,189 TB patients notified till May'18**
 - **Public sector – 6,03,769**
 - **Private sector – 1,79,420**
- **Active TB Case Finding till May'18**
 - **13088124 population screened**
 - **4886 patients diagnosed**
- **746 DR-TB patients initiated on shorter regimen since April'18**
- **1135 CBNAAT laboratories made functional**



PROGRESS IN TB SERVICES

- MoU for Delamanid introduction
- MoU with Indian Medical Association
- Launch of Public Private Support Agency Intervention to accelerate private sector engagement thro' Jt Effort for Elimination of TB Project
- Call Centre Operations have been started from 14th April'18
- TB indicators incorporated in eGram Swaraj Abhiyan
 - Nutrition Assistance to TB patients through DBT
 - Universal Drug Susceptibility Testing and District level DR-TB centres

OTHER RNTCP INITIATIVES

- Use of CBNAAT (at district level) & TrueNAT (at TB Unit level) to boost diagnostic accuracy
- Integration of IDSP & NIKSHAY portals planned for better coordination & communication
- Incentive scheme for notification
 - Any informant or community volunteer can facilitate referral of presumptive TB patients and if person is diagnosed as TB, the informant is eligible to get incentive of Rs. 500/- for notification
- Involvement of Sr Regional Directors under DGHS for monitoring and supervision of TB services
- Nationwide TB Free Campaign to enhance community participation
- Direct Fund Transfer to beneficiary for Nutritional support

3.3 – MALARIA

- India has progressed with drastic reduction of malaria by 60%; nearly 69% reduction in Pf. Cases in 2018 as compared to Sept, 2017.
- Same decline reflected in recent malaria estimates (WMR 2018) indicate decline of malaria in the region.
- 24% decline of malaria in only one year in India has been observed in the backdrop of increase of malaria cases globally and increase in malaria cases in 10 high burden countries of Africa.
- Success achieved due to efforts of states in achieving Universal Health Coverage as one the major activities for implementation of SDGs.

3.3 NEGLECTED TROPICAL DISEASES

- **Guineaworm disease** (2000) & **Yaws** (2018) eradicated from India
- **Kala Azar:**
 - Slight increase in disease burden - success in finding undetected cases & putting them on treatment
 - EPC of NHM was apprised of the challenges in elimination of Kala Azar – lack of pucca houses in endemic blocks
- **Filariasis:**
 - Significant progress made towards elimination of LF and 100 of the 256 endemic districts achieved elimination.
 - Accelerated Plan for Elimination of LF (2018) provides momentum to the elimination agenda

NATIONAL VIRAL HEPATITIS CONTROL PROGRAMME

- Launched on 28th July 2018
- Focus on awareness, prevention and treatment for viral hepatitis
- Special focus on treatment of Hepatitis B and C
- India has emerged as a global hub for providing affordable treatment of Hepatitis C

NATIONAL LEPROSY ERADICATION PROGRAMME

3 pronged strategy:

- Leprosy Case Detection Campaigns
- Focused Leprosy Campaign
- Special plan for hard to reach areas

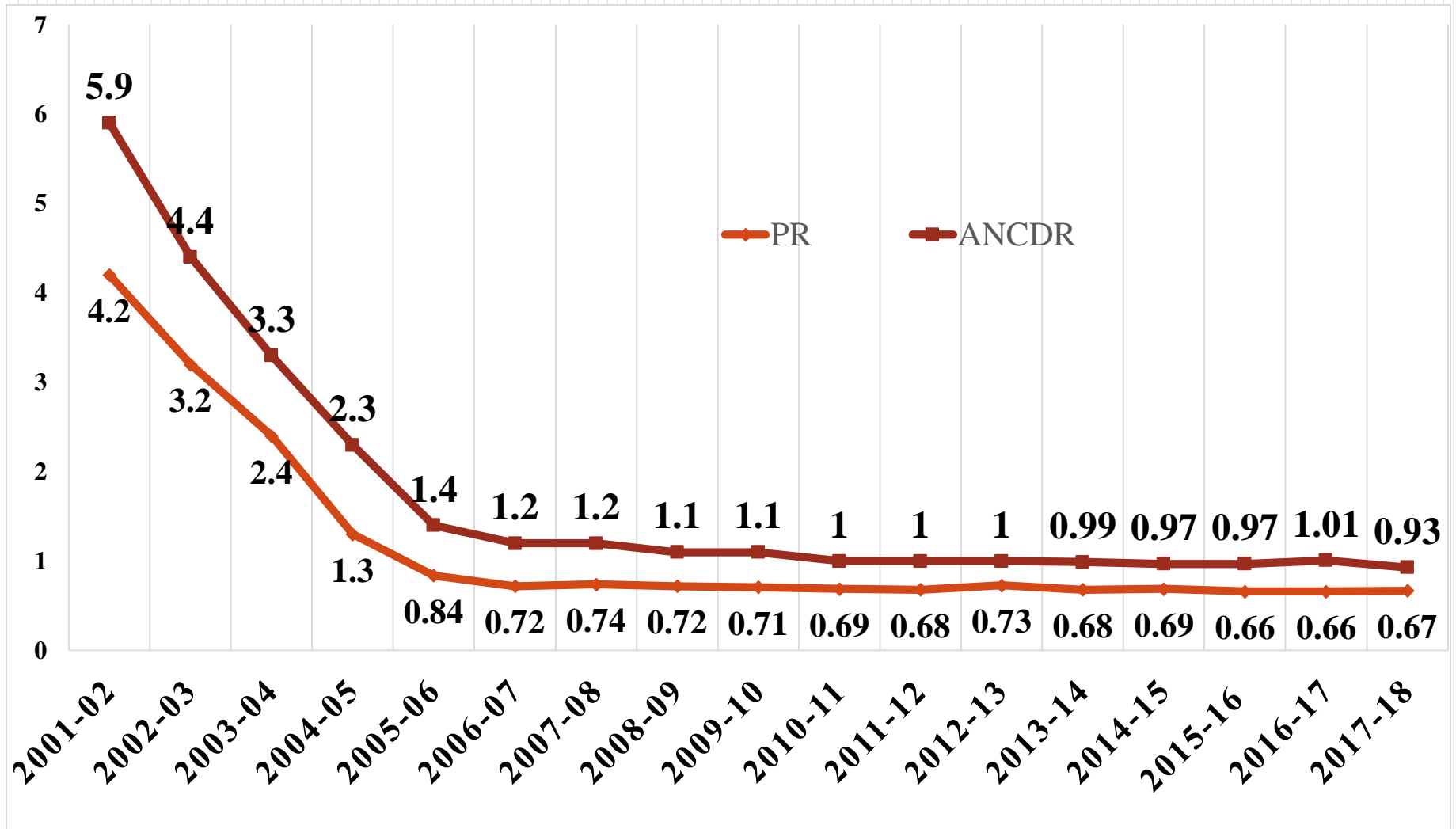


“Sparsh Leprosy Elimination Campaign” introduced

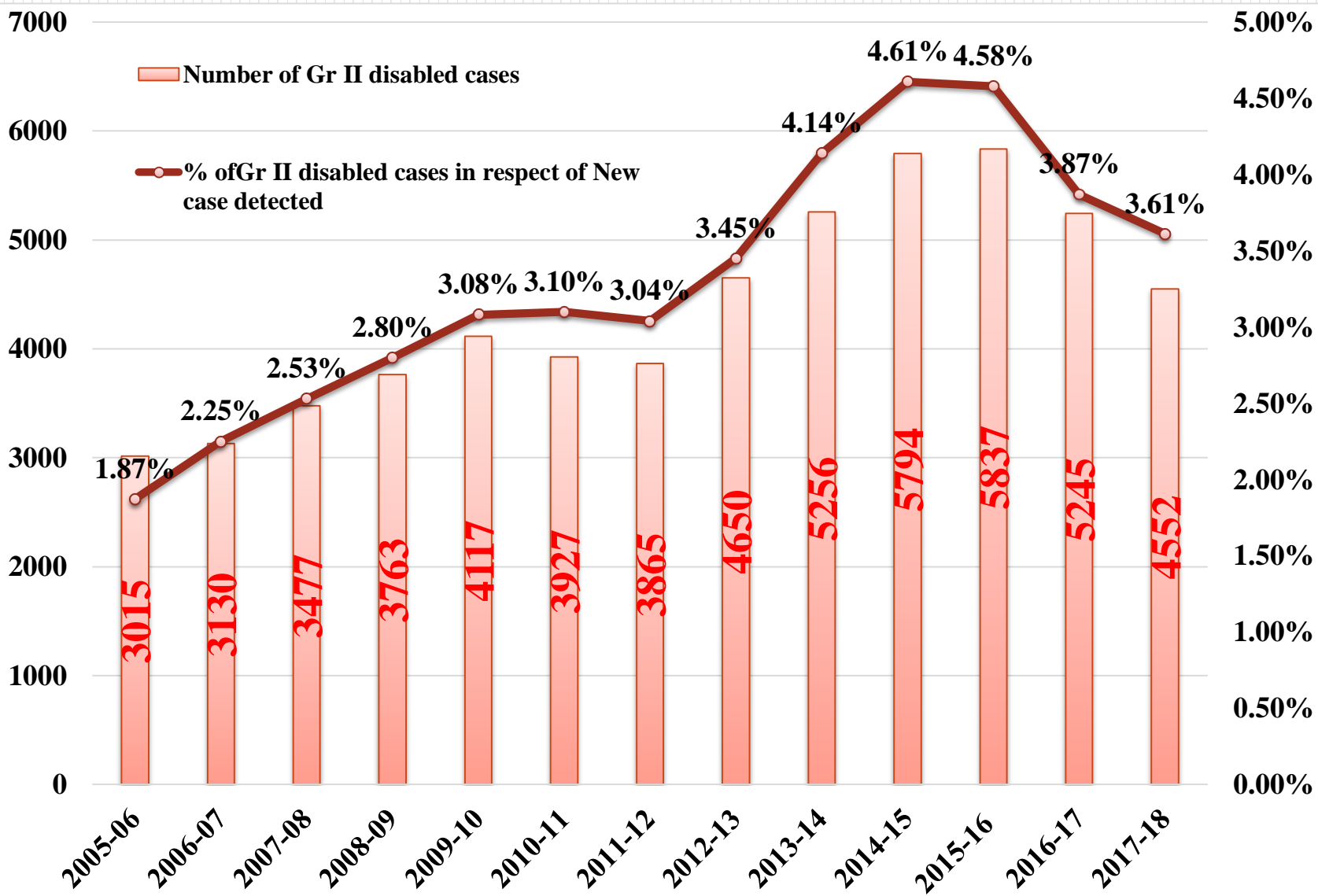
- To effect reduction in annual new cases of Grade II Disability to < 1 case per million popln at National level
- zero backlog of eligible patients for Reconstructive Surgery
- **Involvement of ASHAs** - 40% of new cases were identified by ASHA Workers during 2016-17
- IEC campaigns for generating awareness & removing stigma associated with leprosy



Impact of initiatives : Trends of ANCDR & Prev Rate (2001-02 to 2017-18)



Impact of initiatives: Trends of Grade II disability rate (2005-06 to 2017-18)



3.4 BY 2030, REDUCE BY 1/3RD PREMATURE MORTALITY FROM NCDs THRO PREVTN & TREATMENT, PROMOTE MENTAL HEALTH & WELL-BEING

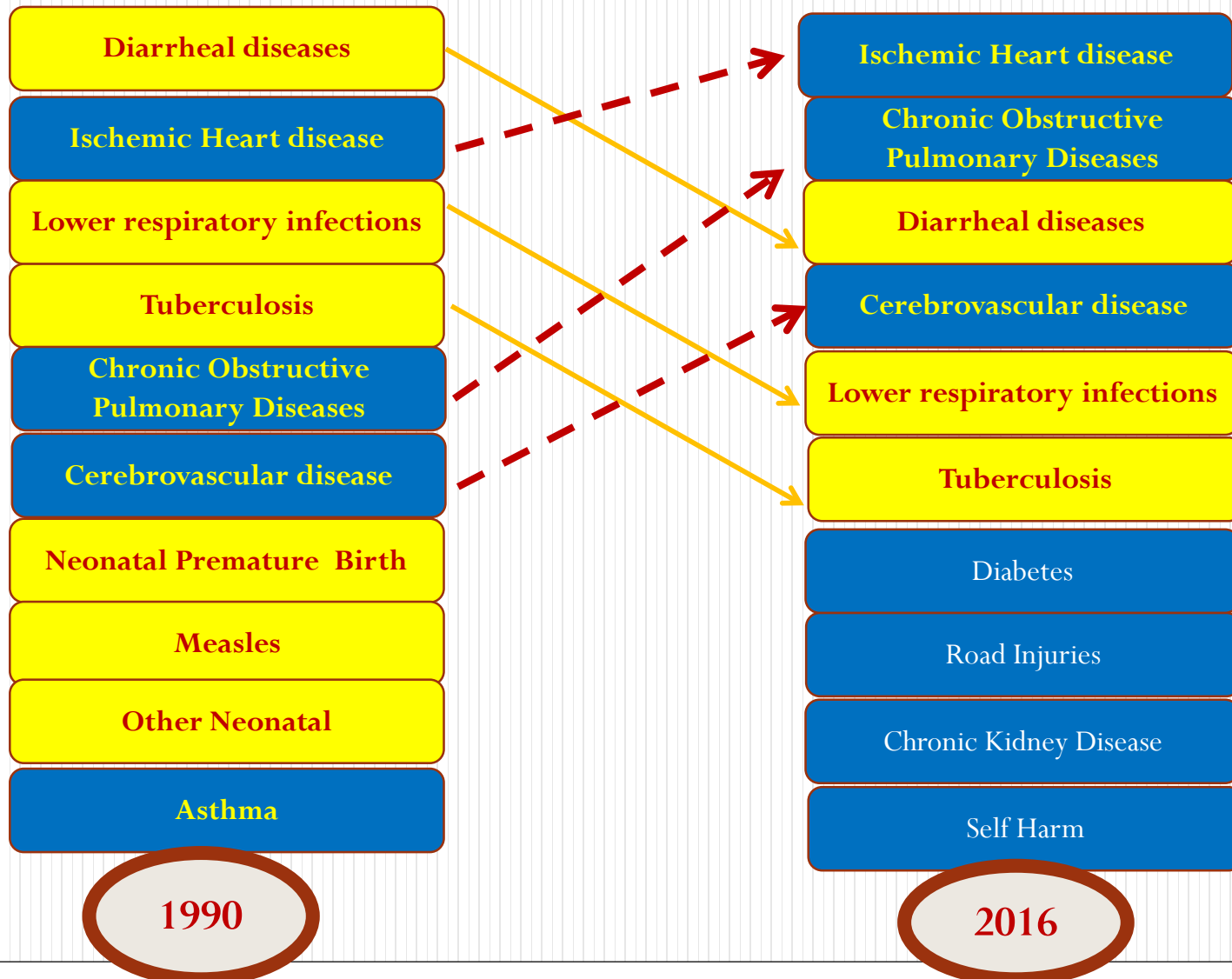
- **Rapid demographic & epidemiological transition globally**
 - Steep rise in DALYS for chronic diseases - Ischemic Heart Disease, Stroke, Diabetes, Cancers, Major depressive disorders & COPD
- **NCDs have significant social & economic impact**
 - Untreated chronic NCDs decrease the quality of life
 - Complications due to untreated NCDs cause heavy economic burden for patients, families & society at large
 - India to lose \$4.58 trillion between 201-20130 due to NCD & Mental Health – CVD (\$2.17 trillion) & mental health conditions (\$1.03 trillion)

Sustainable Development Goals –

- 3 of 9 targets focus on NCDs
- Reducing premature deaths from 4 major NCDs by one-third by 2030
- **Burden of Disease in India (2016): NCDs accounted for**
 - estimated 60 lakh deaths = 62% of all deaths
 - Over 40% of hospital stays & over 37% of OOPE on health
 - 4 NCDs – CVDs, Cancers, Diabetes & Ch Respiratory Diseases
 - contribute to 58% of premature mortality in 30-69 yrs age group

Burden of Diseases in India: *The Epidemiological Transition*

Causes of Death, India (both sex, all ages)



COMMUNITY/PEOPLE-CENTRED INTERVENTIONS ON CHRONIC NCDs

- Estimated 80% of NCDs can be prevented by mitigating major lifestyle-related NCD risk factors
- Risk factors like unhealthy diet, insufficient physical activity, use of tobacco & alcohol, indoor air pollution, obesity & stress
- Key determinants accentuating high prevalence of NCD risk factors in population include:
- low levels of health literacy, difficulty in access to health facilities, poverty, poor housing conditions, inadequate spaces for physical activity.

National Health Mission - strengthening primary & secondary healthcare

Various national level NCD programmes implemented under NHM:

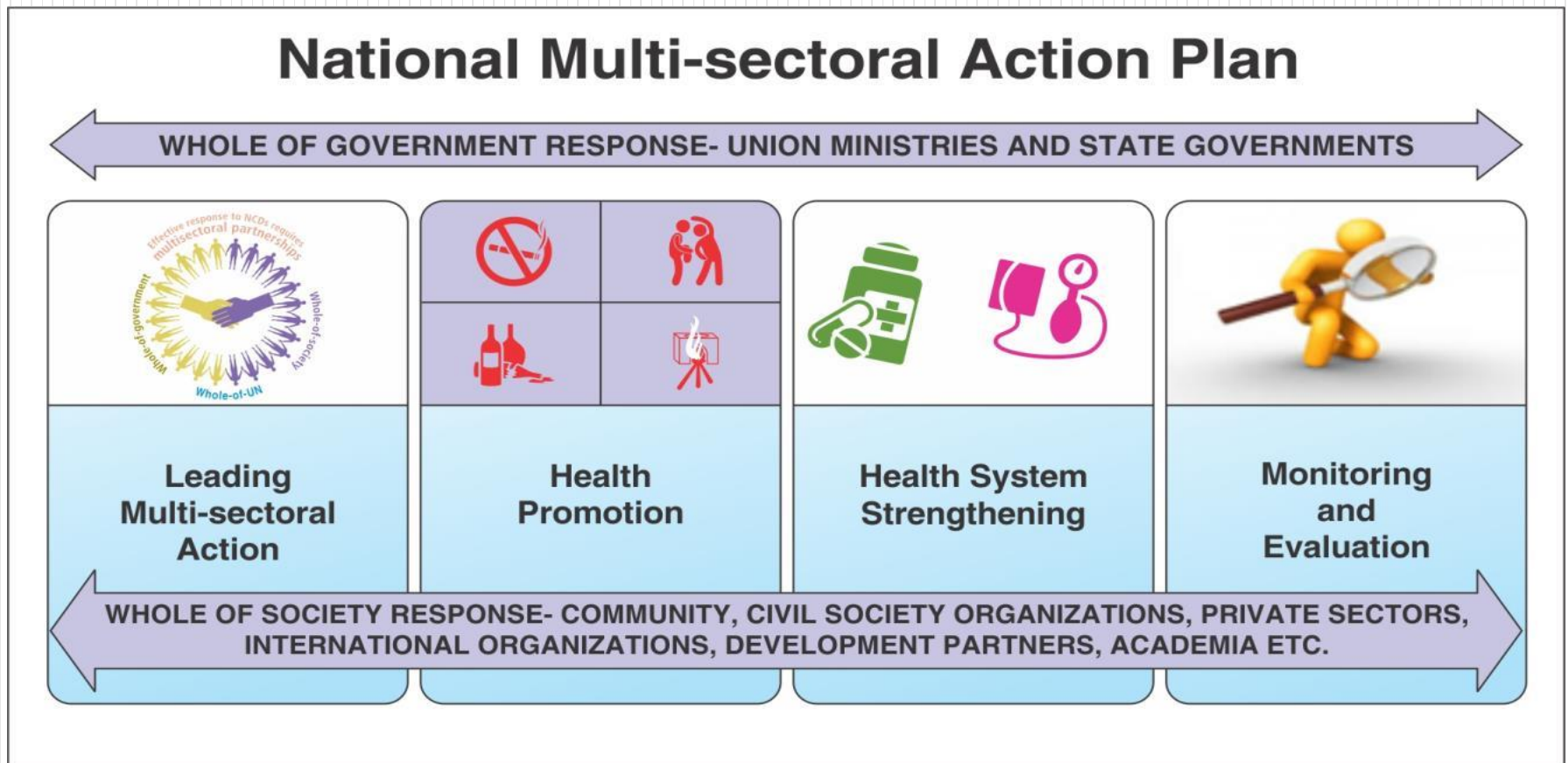
- **National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)**
- **National Programme for Health Care of the Elderly (NPHCE),**
- **National Mental Health Programme (NMHP)**
- **National Programme for Prevention and Control of Deafness (NPPCD),**
- **National Tobacco Control Programme (NTCP)**

The **“Free Drugs and Diagnostics initiative”** under NHM will strengthen the drug delivery system to reduce OoPE

NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CVDS & STROKE (NPCDCS)

NPCDCS focuses on strengthening infrastructure, capacity building, early diagnosis, case management and health promotion

- National Multisectoral Action Plan (2017) guides coordinated multi-sectoral efforts for effective prevention & control of NCDs





National Multisectoral Action Plan for Prevention and Control of Common Noncommunicable Diseases (2017-2022)

Atal Mission for Rejuvenation and Rural Transformation (AMRRT)

Atal Mission for Entrepreneurship and Innovation (AMEI)

Atal Mission for Innovation and Entrepreneurship (AMIE)

Atal Mission for Rejuvenation and Rural Transformation (AMRRT)

JAGO GRAHAK JAGO

Pathshala पाठशाला

Special Economic Zones in India

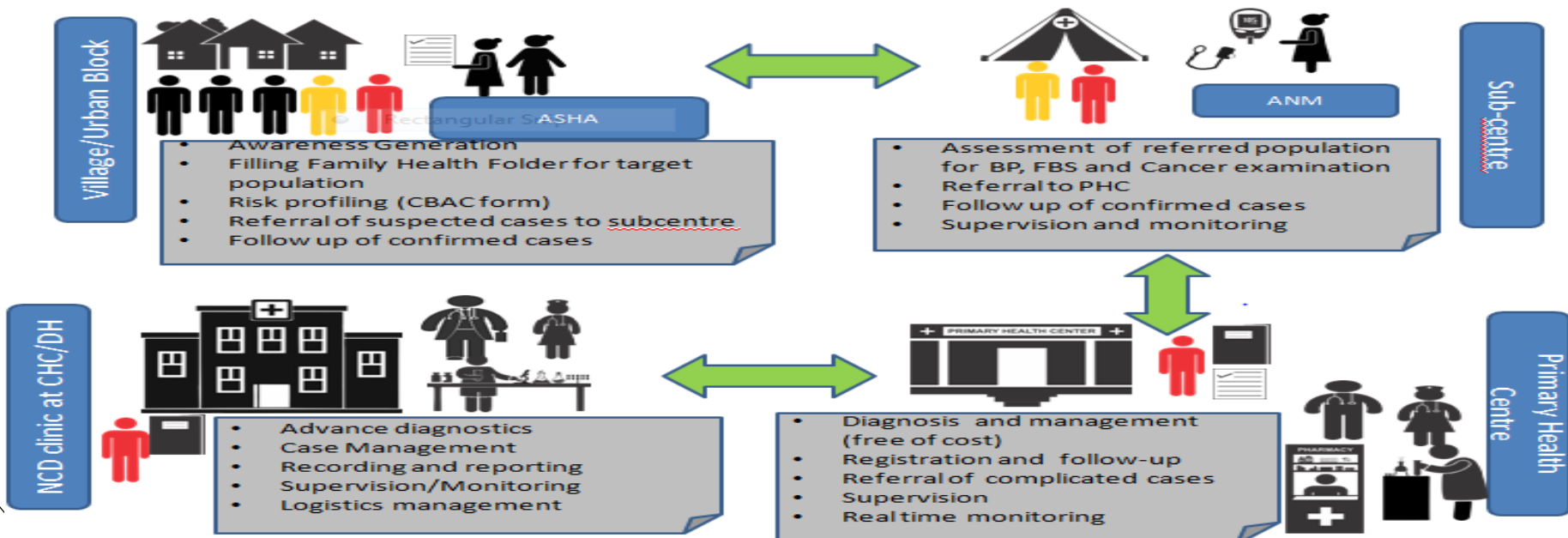
NATION TAX MARKET



GOVERNMENT INTERVENTIONS FOR NCD RESPONSE

- **Population Based Screening** of all persons ≥ 30 yrs age in community, for common NCDs (Diabetes, Hypertension & Common Cancers (oral, breast & cervical cancers) & NCD risk factors
 - 200 districts covered in span of 18 months
 - Leveraging services of Frontline health workers (ASHA /ANM) in screening NCD risk factors among population above 30 years of age for early detection of NCDs

Population-based NCD screening



- **Health and Wellness Centres**-150,000 are envisaged to provide a comprehensive primary health care services for NCDs.
- **Pradhan Mantri Jan Arogya Yojana (PM-JAY)** benefits NCD patients & reduce financial burden on poor/vulnerable groups.
- **Affordable Medicines & Reliable Implants for Treatment (AMRIT) initiative:** 144 AMRIT Pharmacies opened in 23 States
 - 99.62 Lakh patients were benefitted
- **Pradhan Mantri National Dialysis Programme** rolled out in 2016
 - implemented in total 32 States /UT in 445 Districts in 674 Centres deploying 3953 machines
- **National NCD Monitoring Survey (NNMS)** conducted in 2017-18 to determine the level of risk factors of NCDs as per the National NCD Monitoring Framework
- 2nd round of the **Global Adult Tobacco Survey (GATS2)** in 2016-17 to track the progress of the implementation of the tobacco control policies
- **Large specified health warnings on tobacco products:** 85% on both side of the principal display area of tobacco product packs
- Mandatory display of anti-tobacco health spots, disclaimer and messages in films television programmes

TARGET 3.4

- The 4 main causes of premature mortality – CVD, Cancer, Diabetes and COPD have been targeted adequately in the National Programme (NPCDCS)
- Population-based Screening of common NCDs like Diabetes, Hypertension and common Cancers
- Guidelines for prevention and management of Chronic Obstructive Pulmonary Disease (COPD) have been included under the programme
- Integration of AYUSH with NPCDCS has been initiated in six districts in the Country
- “National Framework for Joint Tuberculosis-Diabetes collaborative activities” has been developed to articulate a national strategy for ‘bi-directional screening’, early detection and better management of **Tuberculosis and Diabetes co-morbidities** in India.

3.4 – MENTAL HEALTH & WELL-BEING

- The Government is implementing the District Mental Health Programme in 598 districts of the country with added components of suicide prevention services, work- place stress management, Life Skills Education & counseling in schools & colleges.
- Envisaged to cover all districts in a phased manner.
- Government has enacted a new Mental Healthcare Act, 2017 under which any person who attempts to commit suicide shall be presumed, unless proved otherwise, to have severe stress and shall not be tried and punished.
- Government has a duty to provide care, treatment & rehabilitation to a person, having severe stress and who attempted to commit suicide, to reduce the risk of recurrence of attempt to commit suicide.

3.5 STRENGTHEN PREVENTION & TREATMENT OF SUBSTANCE ABUSE INCL. NARCOTIC DRUG ABUSE & HARMFUL USE OF ALCOHOL

- Recently concluded mental health survey of India estimates the prevalence of substance use, including alcohol use disorders, at 22.4% of adult population.
- The survey reports a high treatment gap of 86%.
- Problems emerging in special populations like children, females & elderly.
- Stigma, poverty, homelessness & adequate funding - cross-cutting issues, require inter-sectoral coordination
- Awareness campaigns & interventions at school, work place & community levels key to achieving the target.

***3.6 BY 2020, HALVE THE
NUMBER OF GLOBAL DEATHS
AND INJURIES FROM RTAS***

NATIONAL PROGRAMME FOR TRAUMA CARE: STRATEGIES

- Identifying and/or upgrading health care facilities on National Highways to provide trauma care services
- Providing assistance for human resources on the basis of gap analysis of the designated centres.
- Developing trained manpower
- Establishing communication linkages with mobile units, highway locations & designated trauma centres
- Developing National Injury Surveillance Centre.

ACHIEVEMENTS

- 11th FYP- Out of 116 TCFs envisaged, 100 functional
- 12th FYP-85 TCFs approved and funds released to 81 TCFs
- Manpower, equipment, Schematic diagram, Operational guidelines for establishing TCFs, rehabilitation units finalized.

Progress

- National Injury Surveillance, Trauma Registry & Capacity Building Centre (NISC) established at Dr. RML Hospital.
- Website for NISC (www.nisc.gov.in) operational.
- Software for Injury Surveillance & Burn Registry developed
- NISC linked with 46 Govt Hospitals & Medical Colleges
- 11th FYP-100 TCFs functional
- 12th FYP-85 TCFs approved, funds released to 81 TCFs
- Manpower, equipment, Schematic diagram, Operational guidelines for establishing TCFs, rehabilitation units finalized.

IEC

- Audio-visuals developed on Good Samaritan & First Aid and distributed to all States
- Documentary film developed on Good Samaritan and distributed to all States
- Print material: posters, charts & stickers developed and distributed
- Telecast, broadcast and bulk SMS campaign undertaken on Good Samaritan

SMALL STEPS CAN SAVE A LIFE

- Save your family/friends/relatives mobile numbers as emergency contact on your mobile screen.
- Always keep a first aid kit in your vehicle.



Help accident victims - who knows, it might be someone yours.

SAVE LIFE, BE A REAL HERO !!

 Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India



IF YOU SEE A ROAD ACCIDENT VICTIM

- Call an Ambulance (102 / 108 / 1033)
- Inform Police (100)
- Take the victim to the nearest hospital
- Call the "Emergency Contact number" saved in the victim's mobile



SAVE LIFE, BE A REAL HERO !!

 Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India



PROVIDE FIRST-AID TO AN ACCIDENT VICTIM

- Take care and support the victim's neck and back while moving him / her.
- Stop bleeding by applying direct pressure with a clean cloth on the bleeding site.
- If any limb is broken, then give support by any readily available flat & hard object e.g. Cricket Bat / Bag, Stick, Umbrella etc.
- If any body part (leg / hand etc.) is totally severed, then keep it in a clean polythene bag. Place this bag in a separate polythene bag filled with Ice / Cold Water and transport it with the victim to the hospital.



SAVE LIFE, BE A REAL HERO !!

 Directorate General of Health Services
Ministry of Health & Family Welfare
Government of India



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

- With nearly a third of population under 15 years, demand for adolescent health care services will increase significantly in near future.
- Issues related to **Adolescent Reproductive & Sexual Health** particularly of adolescent girls - considered a separate sub-specialty.
- Menstrual hygiene, Sex Education, HPV vaccination - key areas that require concerted efforts.
- **Mission Parivar Vikas** strategy for substantially increasing access to contraceptives & attain population stabilization focuses on 146 districts with high fertility rates.
- **Innovative interventions:**
 - Saas Bahu Sammelans,
 - Nayi Pehel Kit,
 - Saarthi,
 - Antara program expands choice of available contraceptives by introducing newer methods like Injectable contraceptives, Centchroman and Progesterone only pills (PoPs) under government supply.

3.8 ACHIEVE UNIVERSAL HEALTH COVERAGE, INCLUDING FINANCIAL RISK PROTECTION, ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES & ACCESS TO SAFE, EFFECTIVE, QUALITY AND AFFORDABLE ESSENTIAL MEDICINES AND VACCINES FOR ALL

- Govt of India is committed to ensuring that its population has universal access to good quality health care services without anyone having to face financial hardship as a consequence.
- **Pradhan Mantri Jan Arogya Yojana (PM-JAY)** – reduces financial burden on poor & vulnerable groups arising out of catastrophic hospital episodes and ensures their access to quality health services
- Provides financial protection (*Swasthya Suraksha*) to 10.74 crore poor, deprived rural families and identified occupational categories of urban workers' families as per the latest Socio-Economic Caste Census (SECC) data (~50 crore beneficiaries).
- Offers benefit cover of Rs. 5,00,000 per family per year.
- Covers medical & hospitalization expenses for almost all secondary care & most of tertiary care procedures.
- Has defined 1,350 medical packages covering surgery, medical and day care treatments including medicines, diagnostics & transport.

3.9 BY 2030, SUBSTANTIALLY REDUCE THE NUMBER OF DEATHS AND ILLNESSES FROM HAZARDOUS CHEMICALS AND AIR, WATER AND SOIL POLLUTION AND CONTAMINATION

3A. STRENGTHEN THE IMPLEMENTATION OF THE WHO FRAMEWORK CONVECTION ON TOBACCO CONTROL IN ALL COUNTRIES AS APPROPRIATE

- FCTC provides an international legally binding framework comprising of a range of demand and supply reduction measures, which aim to reduce the impact of tobacco on health and development.
- Mainstreaming tobacco control interventions can help improve their outcomes, while advancing tobacco control.

3A. STRENGTHENING WHO FCTC – VARIOUS ASPECTS

POTENTIAL TOBACCO CONTROL INTERVENTION	MINISTRY	PROGRAMME/ POLICY
Elimination of child labour in tobacco sector	Ministry of Labour & Employment	National Child Labour Project Skill Development Initiative for Bidi Rollers
	Ministry of Women & Child Development	<i>Beti Bachao, Beti Padhao</i> Programme
	Ministry of Law & Justice	Juvenile Justice (Care and Protection of Children) Act 2015
Reducing harm to environment from tobacco farming & production	Ministry of Environment, Forests & Climate Change	Enforce ban of plastic packaging of smokeless tobacco
	Ministry of Urban Development	Clean India Campaign
	Ministry of Drinking Water & Sanitation	National Rural Drinking Water Programme
	Ministry of Urban Development	Smart City Mission

POTENTIAL TOBACCO CONTROL INTERVENTION	MINISTRY	PROGRAMME/ POLICY
Alternative livelihoods to growers & users affected by tobacco	Ministry of Housing & Urban Poverty Alleviation	National Urban Livelihoods Mission
	Ministry of Agriculture	Crop Diversification Programme-Rashtriya Krishi Vikas Yojana
	Ministry of Rural Development	Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)
	Ministry of Skill Development & Entrepreneurship	Skill India Programme
Demand reduction policies Prevention, awareness, cessation & legislation	Ministry of Health & Family Welfare	<ul style="list-style-type: none"> • NPCDCS • National Tobacco Control Program
High & sale of tobacco products	Ministry of Finance	Goods and Services Tax
Prohibition of sale of tobacco products in loose, prescribed pack warnings & public campaign	Ministry of Consumer Affairs	Packaging regulations under Legal Metrology Act 2015; consumer information campaigns (e.g. <i>Jago Grahak Jago</i> campaign)
Regulating trade and supply	Ministry of Commerce and Industry	Regulate import of tobacco Prohibit foreign direct investment in the tobacco sector

3B. SUPPORT R&D OF VACCINES & MEDICINES FOR COMMUNICABLE DISEASES THAT PRIMARILY AFFECT DEVELOPING COUNTRIES, PROVIDE ACCESS TO AFFORDABLE ESSENTIAL MEDICINES & VACCINES, IN ACCORDANCE WITH DOHA DECLARATION ON TRIPS AGREEMENT & PUBLIC HEALTH

Doha Declaration affirms that "the TRIPS Agreement does not and should not prevent Members from taking measures to protect public health".

Re-affirms the right of WTO Members to make full use of the safeguard provisions of TRIPS Agreement in order to protect public health & enhance access to medicines for poor countries.

Majority of the global ART is manufactured in India
Affordable treatment of Hepatitis C for the World

3C. Substantially increase health financing and the recruitment, development, training & retention of health workforce in developing countries, especially in least developed countries & small island developing states

STRENGTHEN THE CAPACITY OF ALL COUNTRIES FOR EARLY WARNING, RISK REDUCTION AND MANAGEMENT OF NATIONAL AND GLOBAL HEALTH RISKS

3D. STRENGTHEN CAPACITY OF ALL COUNTRIES FOR EARLY WARNING, RISK REDUCTION & MANAGEMENT OF NATIONAL & GLOBAL HEALTH RISKS

- India is a signatory to the WHO IHR 2005 and is fully committed to implement the same in letter and spirit
- India had communicated IHR compliance (in terms of the required core capacities) to WHO in 2016 and is maintaining the status since then
- Recent public health emergencies of International Concern (PHEICs) like Novel Influenza H1N1, Ebola Virus Disease, Zika Virus and public health threats like MERS CoV, Avian Influenza and Nipah outbreak have been dealt with very successfully & in accordance with IHRs
- Integrated Disease Surveillance Program (IDSP), Emergency Medical Relief (EMR) & International Health division of Dte.GHS work in close coordination to ensure that global health threats are contained at source & do not cross borders
- India Health Info Portal soft-launched in 70 districts - 7 States

CONCLUSION

- SDG 3 one of the 17 goals that the world has committed itself to
- Most of the 17 SDGs and especially the health related SDG#3 requires that multiple sectors work in close coordination towards common objectives
- Newer initiatives will have to be closely monitored
- Financing SDGs - a challenge that the Country is addressing
- Building on strengths & correcting weaknesses through partnerships is crucial