INDIA'S TRANSITION FROM MDG TO SDG: *CHALLENGES AND OPPORTUNITIES*

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NAMS –NFI SYMPOSIUM NOV 2015

- Millennium development goals
- MDG Achievements (global and Indian)
  - Poverty
  - Maternal mortality
  - Under five mortality
  - Disease control
- Reasons for not achieving the targets within the time frame

- Transition from MDGs to SDGs
- SDG goals and targets
  - Poverty reduction
  - Achieving healthy lives

- Financing SDG
- Prioritising SDGs
- Summing up

What are Millennium Development Goals

At the Millennium Summit in September 2000, the largest gathering of world leaders in history adopted the UN Millennium Declaration, committing their nations to a new global partnership to achieve basic human right to food, health, education and improved quality of life.

UN adopted 8 Millennium Development Goals, 21 targets and 60 indicators to be achieved by end of 2015.

Goal 1: Eradicate Extreme Hunger and Poverty
Goal 2: Achieve Universal Primary Education
Goal 3: Promote Gender Equality and Empower Women
Goal 4: Reduce Child Mortality
Goal 5: Improve Maternal Health
Goal 6: Combat HIV/AIDS, Malaria and other diseases
Goal 7: Ensure Environmental Sustainability
Goal 8: Develop a Global Partnership for Development

India is a signatory to the Millennium Declaration and is committed to strive to achieve the MDG by 2015.

HEALTH RELATED TARGETS : MDG

Four of the 8 goals pertain to health and nutrition.

The indicator used and targets set for reduction for the four goals pertaining to nutrition and health between 1990 and 2015 are:

Goal 1: Eradicate Extreme Hunger and Poverty

Target 50% reduction in the people with income less than $1 dollar

Target 50% reduction in "hungry persons" as assessed by prevalence of under-nutrition especially in under-five children

Goal 4: Reduce Child Mortality

67% reduction in under-five mortality rate

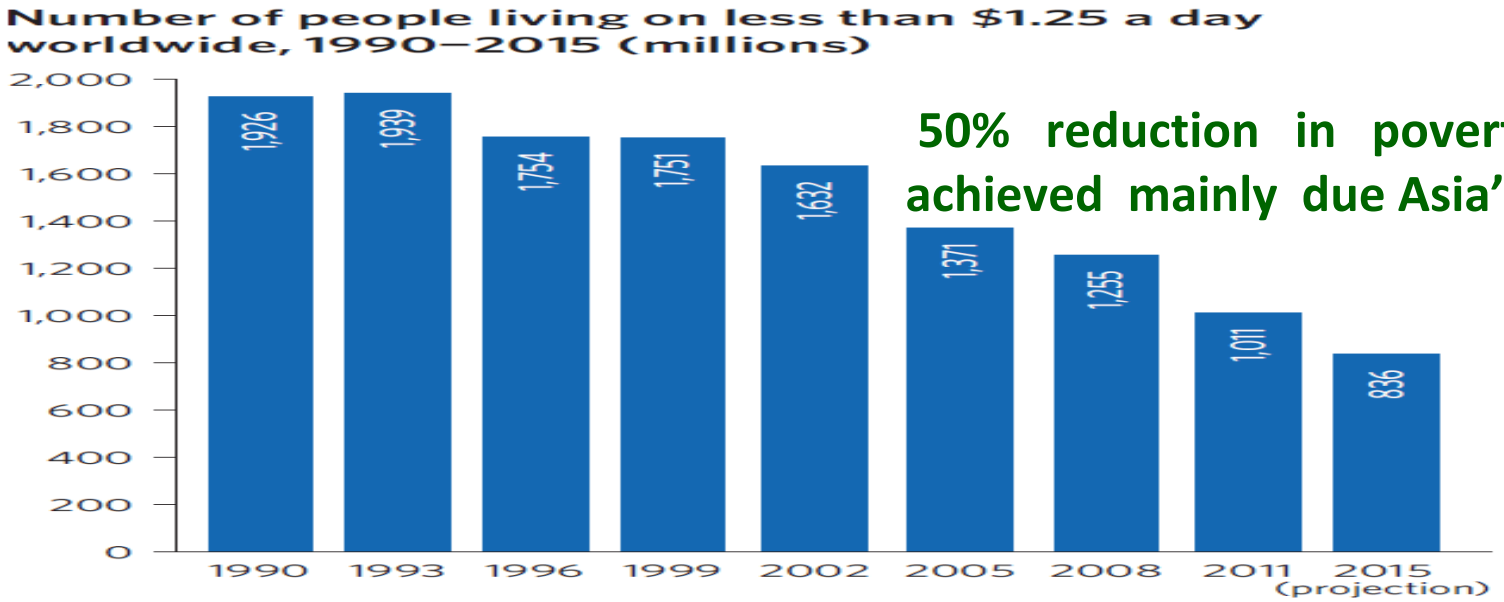
Goal 5: Improve Maternal Health

75% reduction in maternal mortality

Goal 6: Combat HIV/AIDS, Malaria and other diseases

Halt the increase by 2015 and thereafter reverse the incidence of HIV infection, tuberculosis and malaria

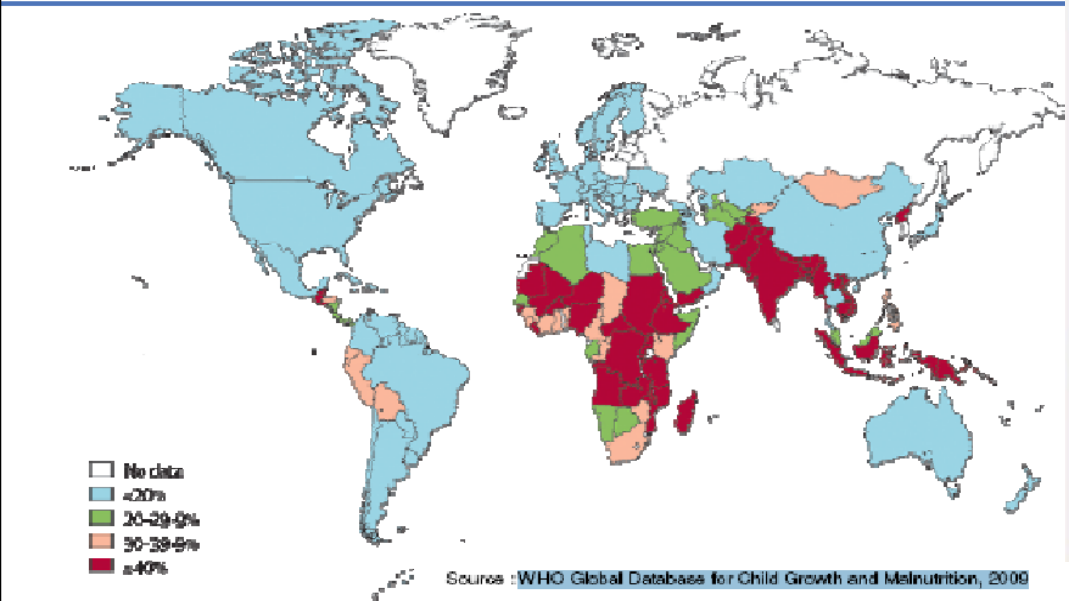
POVERTY REDUCTION

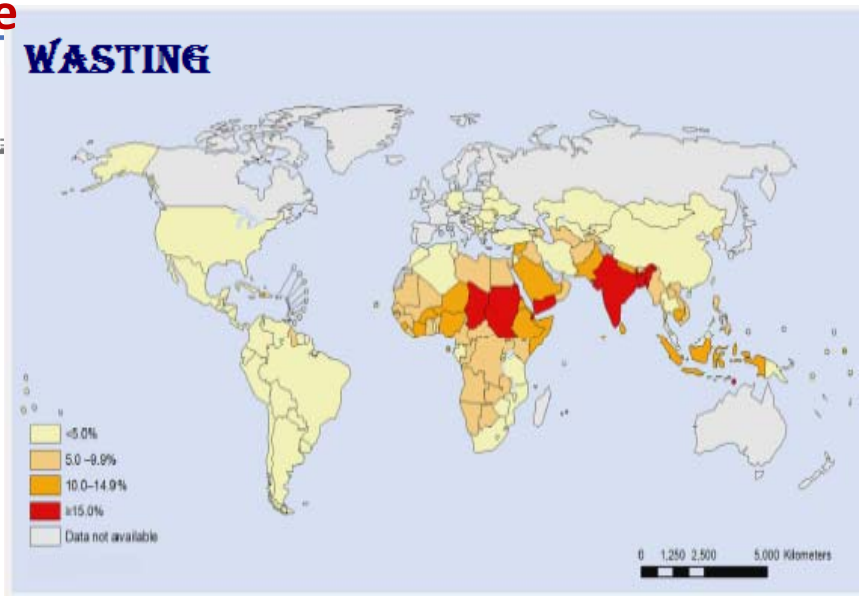


50% reduction in poverty Target achieved mainly due Asia's efforts

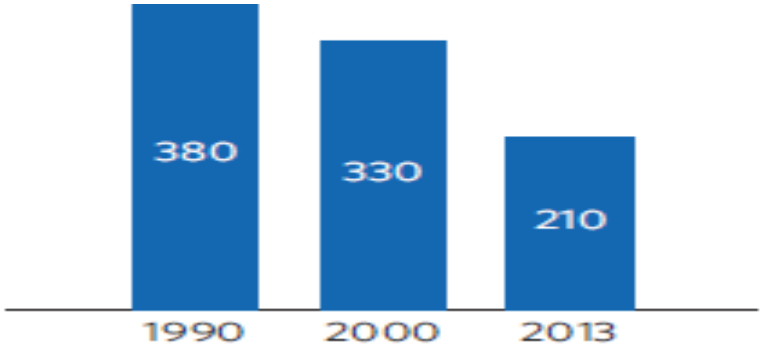
50% reduction in child under-nutrition Target not achieved - but substantial decline

178 million children are stunted (under 5 years of age)

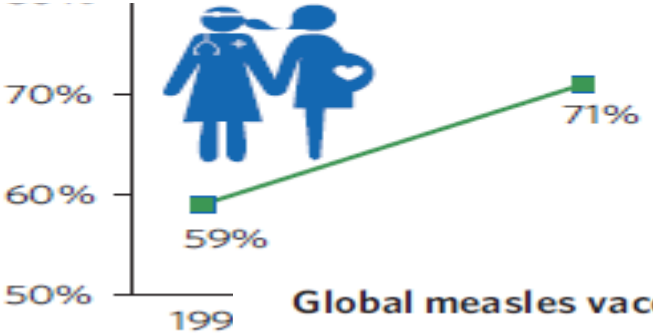




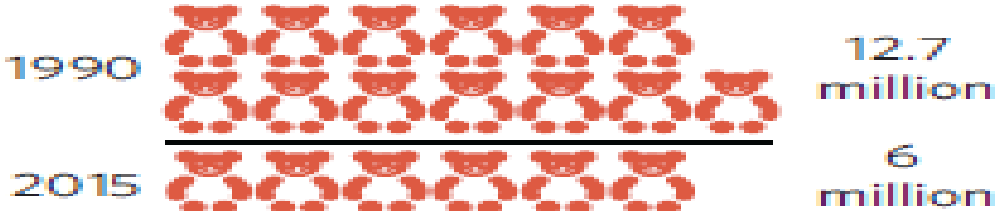
3/4th reduction in MMR Substantial decline but Target not achieved

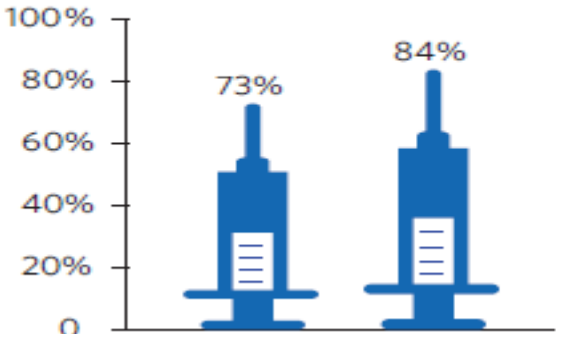


Universal access to skilled attendance at birth Substantial improvement Target not achieved

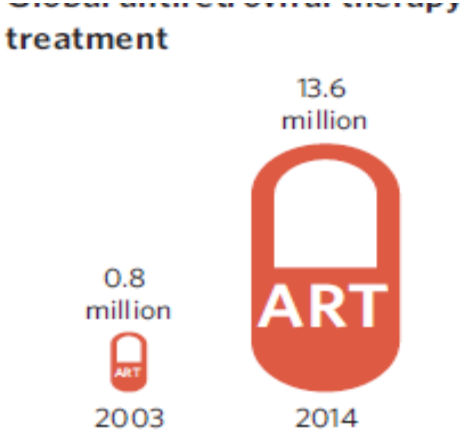


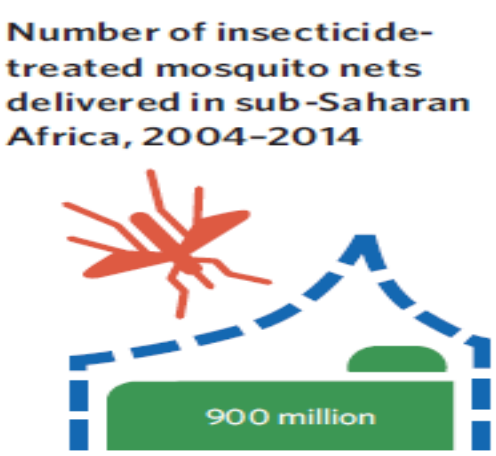
2/3rd reduction in U5 MR Substantial decline but Target not achieved

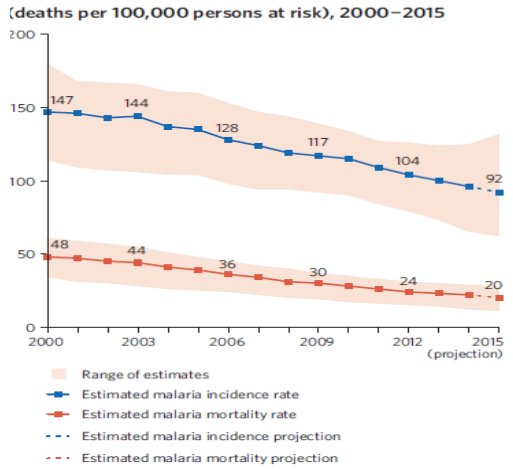




Halt the increase and reverse incidence of HIV, Malaria &TB: Target not achieved

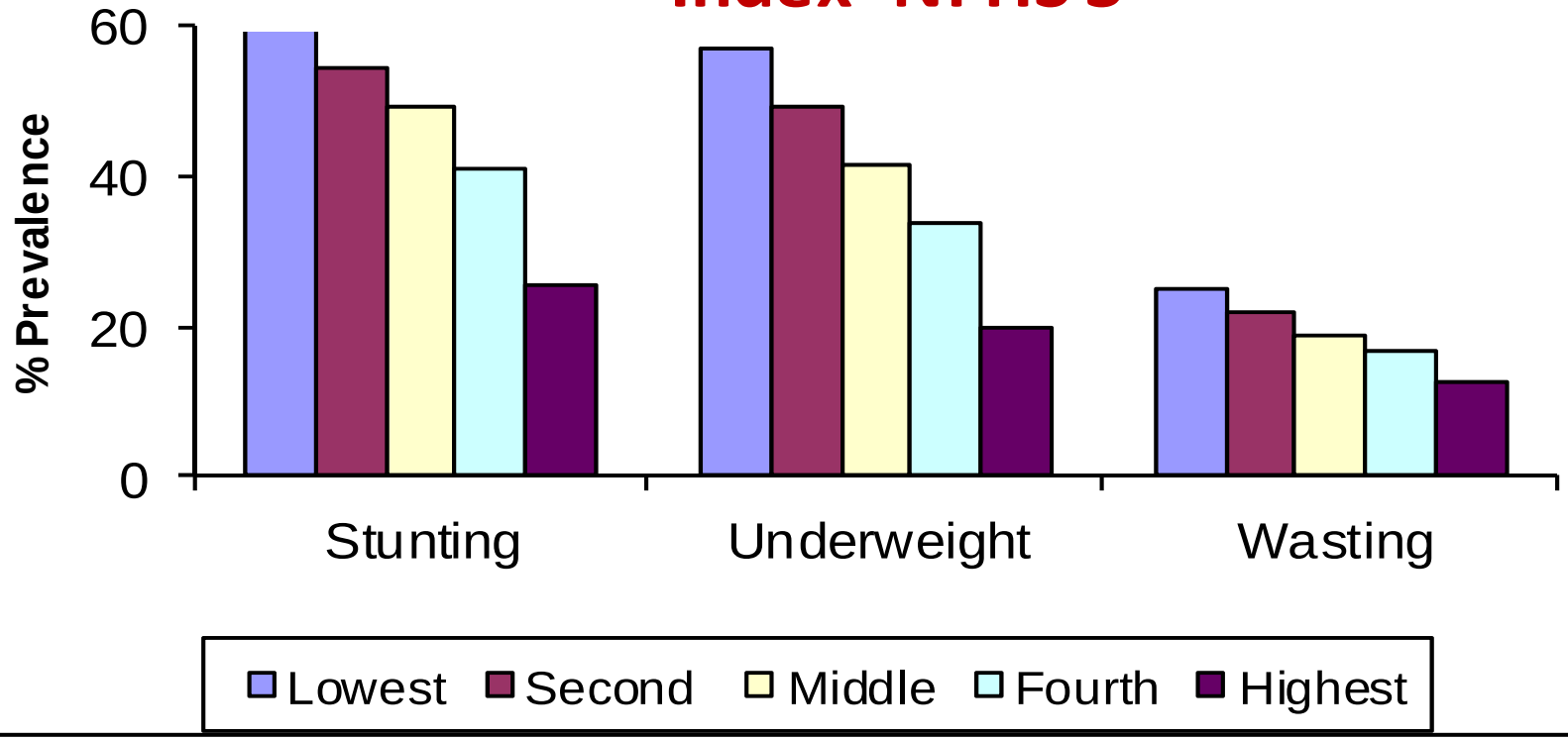






MDGs and Targets –Summary of Progress achieved by India	
GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER	
TARGET 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	On -track
TARGET 2: Halve, between 1990 and 2015, the proportion of Under weight under five children	Slow or almost off-track
MDG 4: REDUCE CHILD MORTALITY	
TARGET 5 : Reduce by two-thirds, between 1990 and 2015, the Under- Five Morality Rate	Moderately on – track due to the sharp decline in recent years
MDG5 5: IMPROVE MATERNAL HEALTH	
TARGET 6 : Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	Slow or off-track
MDG 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES	
TARGET 7 : Have halted by 2015 and begun to reverse the spread of HIV/AIDS	On-track as trend reversal in HIV prevalence has been achieved
TARGET 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Moderately on-track as trend reversal has been achieved for Annual Parasite Incidence of Malaria and for prevalence of TB

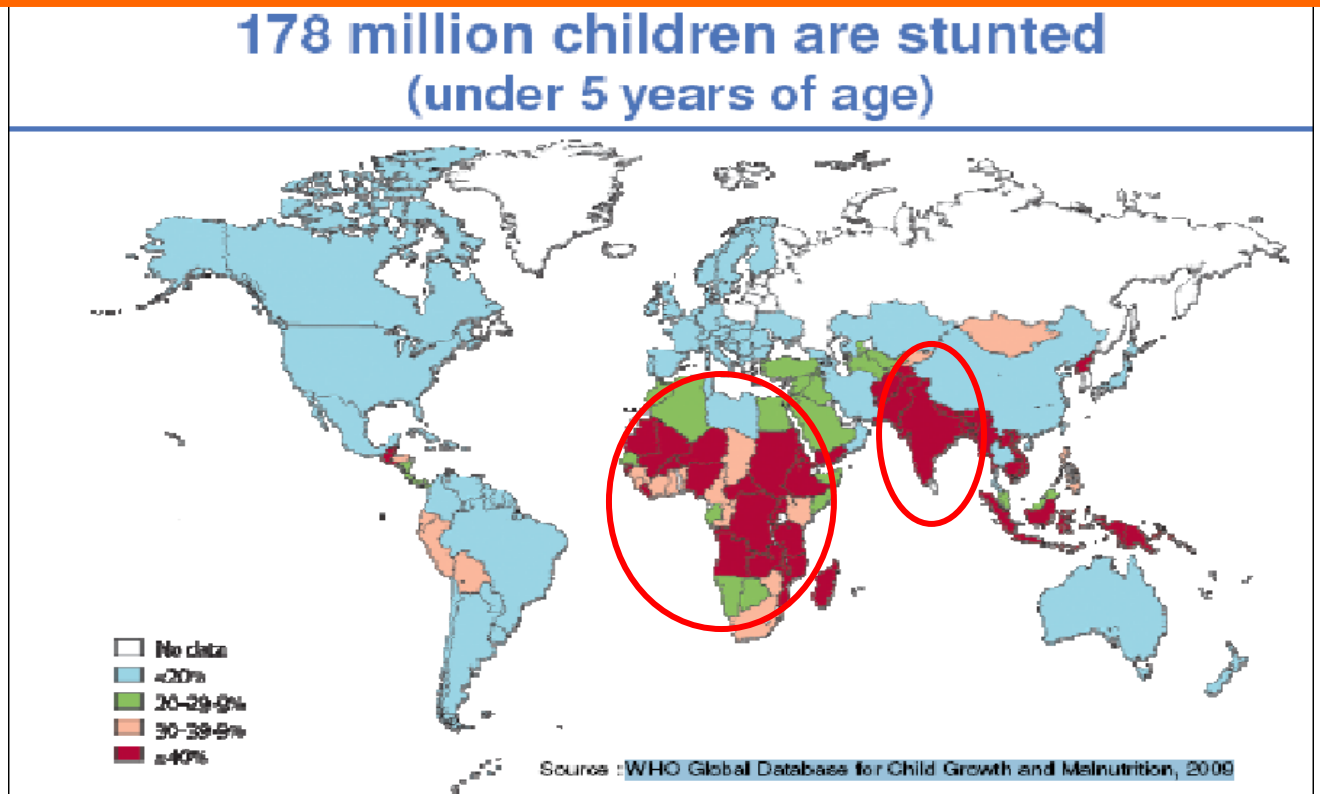
Nutritional Status of Children vs Wealth Index- NFHS 3



There is a socio-economic gradient in prevalence of under-nutrition.

However even in the highest income groups (families who had not known food insecurity or lacked access to health care for some generations) about 1/4th are stunted,1/5th underweight and 1/10th wasted.

STUNTING AND UNDERWEIGHT IN U5 CHILDREN

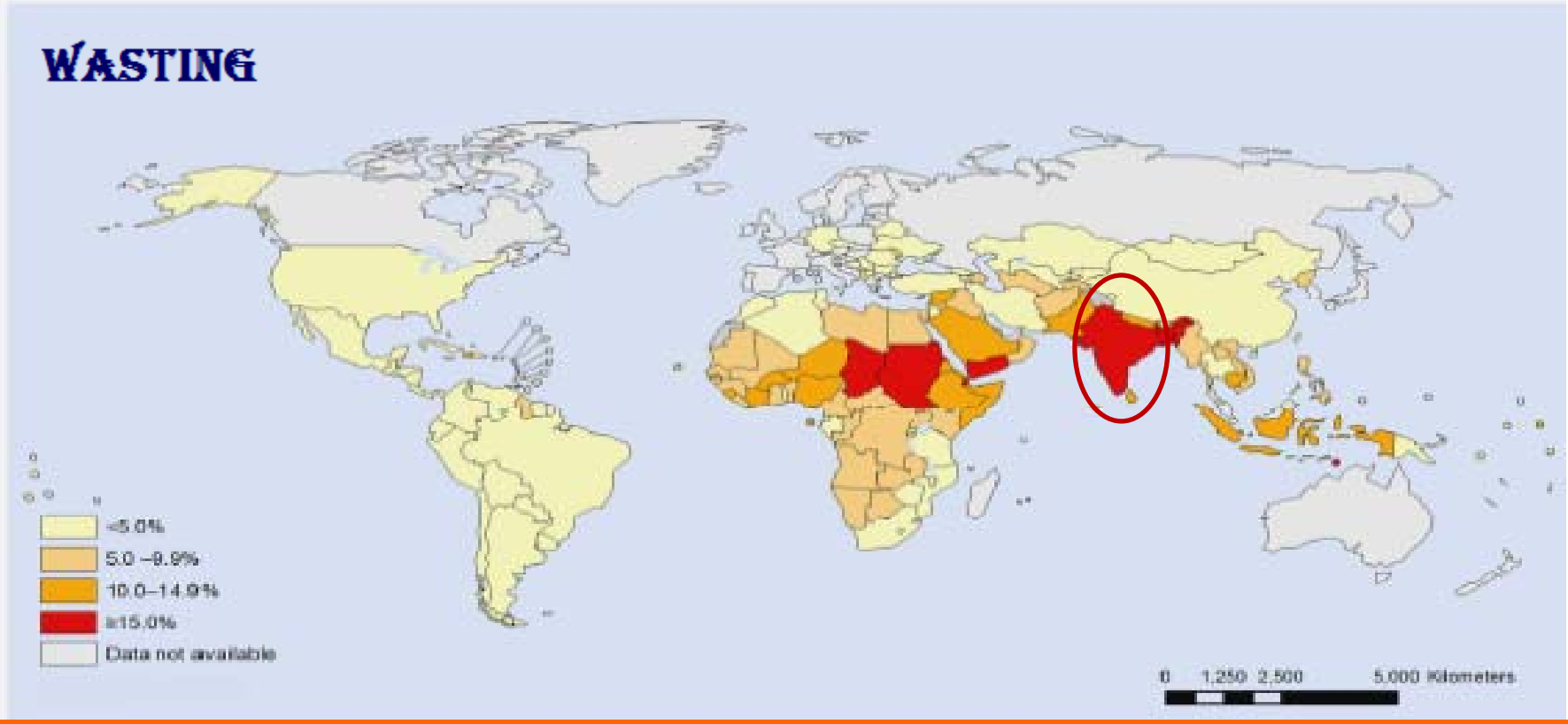


Stunting & underweight rates in Indian under-5 children are high but household food insecurity is not the major factor responsible.

High LBW, stunting & underweight in India are not associated with adverse health effects such as high morbidity & mortality.

Reduction in stunting/underweight are occurring but rate of reduction is and will continue to be slow.

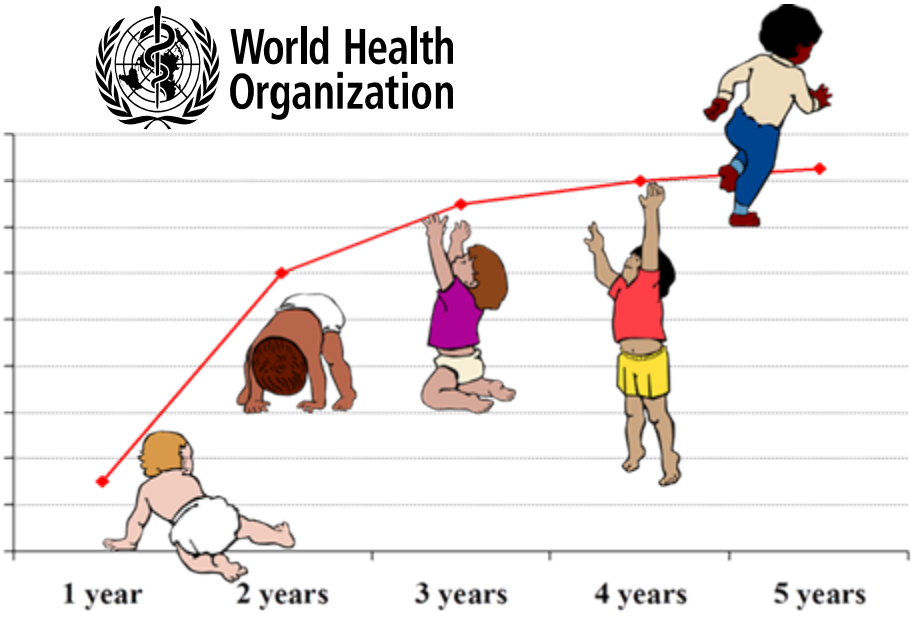
HIGH WASTING RATES – AN OPPORTUNITY



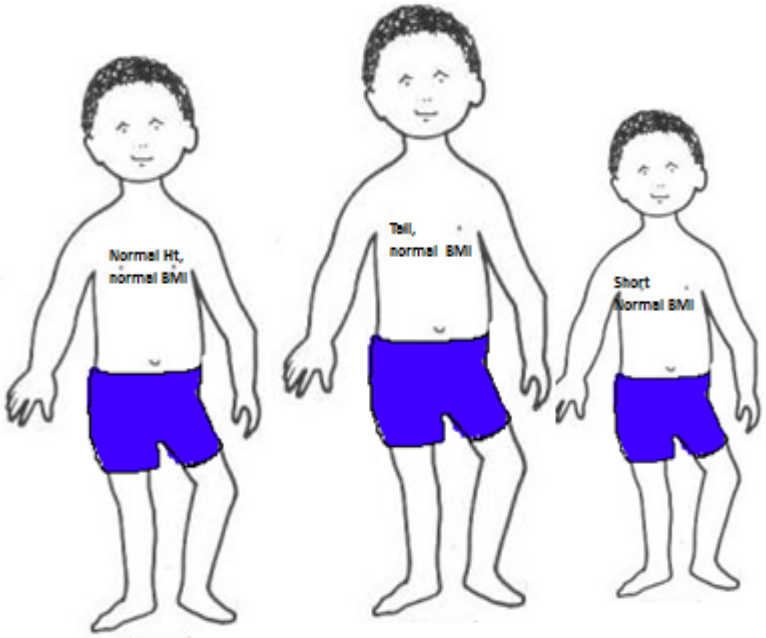
- One in six Indian children and a third of young adults are thin
- Early detection & management will reverse wasting & prevent stunting in children
- Detection and correction of wasting in young adults will improve work capacity and in women improve birth weight of the offspring.

WHO Child Growth Standards 2006

World Health Organization

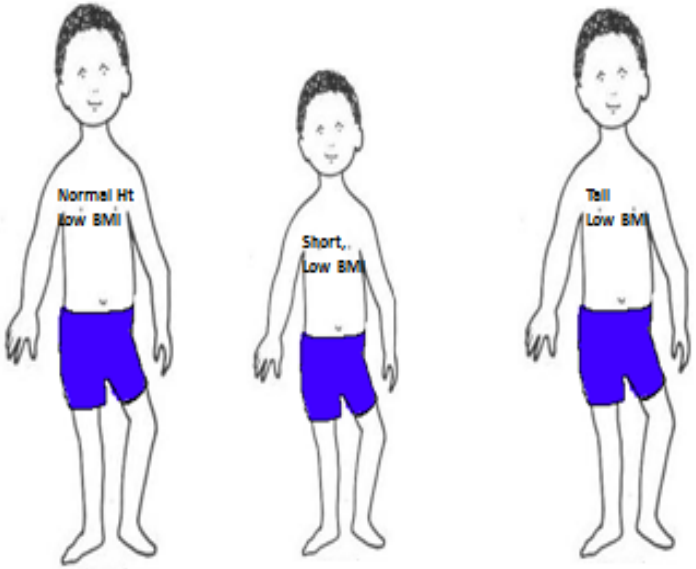


Children with normal BMI can be normal in height , tall or short.
Children with normal BMI do not require nutritional interventions

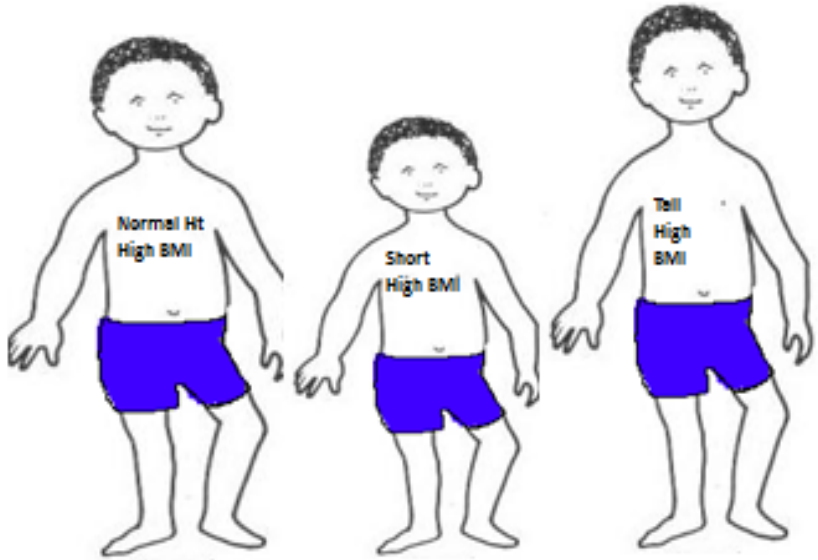


Children with low BMI can have normal height , be tall or short .

They all require additional energy intake to ensure linear growth



Children with high BMI can have normal height, be tall or short.
They all require adequate physical activity to reach normal BMI



ARE WE USING THE RIGHT PARAMETER FOR ASSESSING UNDERNUTRITION ?

In India stunting rates in pre-school children are very high.

Reversal of stunting after the first two years is rare.

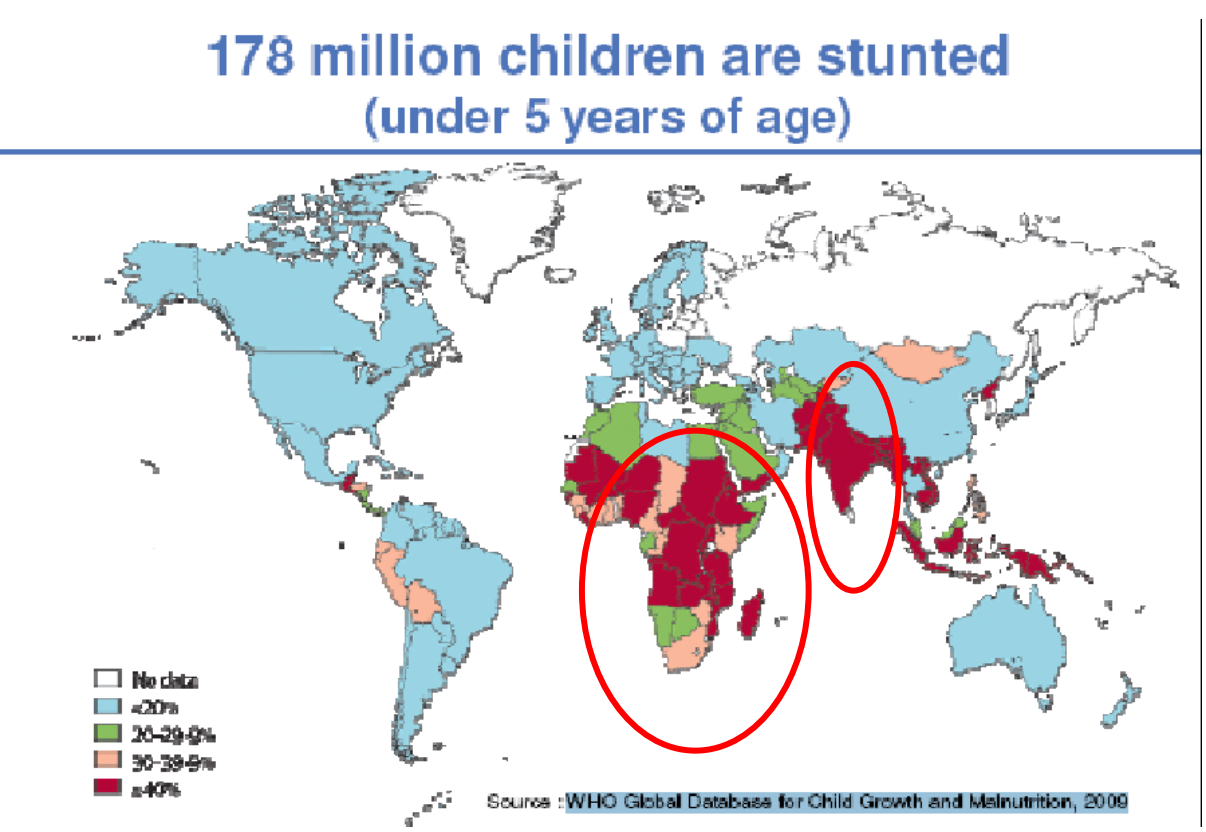
Short children with normal weight for their height and age are misclassified as underweight.

WHO has advocated using BMI for age for correct assessment of under and over nutrition during the dual nutrition burden era especially in countries with high stunting rates

Shifting over to BMI-for-age will enable early detection of both under- and over-nutrition so that appropriate interventions can be initiated.

SDGs have advocated using stunting and wasting rates for assessment of undernutrition

UNDERNUTRITION AND UNDER FIVE MORTALITY



Stunting and underweight rates in pre-school children in India is similar to Sub-Saharan Africa.

They are responsible for India's low ranking in nutrition and human development reports

It has been called "A NATIONAL SHAME".

Despite 30% low birth weight & over 40% stunting/underweight rates IMR & U5 MR in India are comparable to other developing countries.

The low IMR inspite of high under-nutirtion rates has not been seen as a NATIONAL ACHIEVEMENT

HALT THE SPREAD OF HIV TB AND MALARIA BY 2015 AND REVERSE SPREAD THEREAFTER

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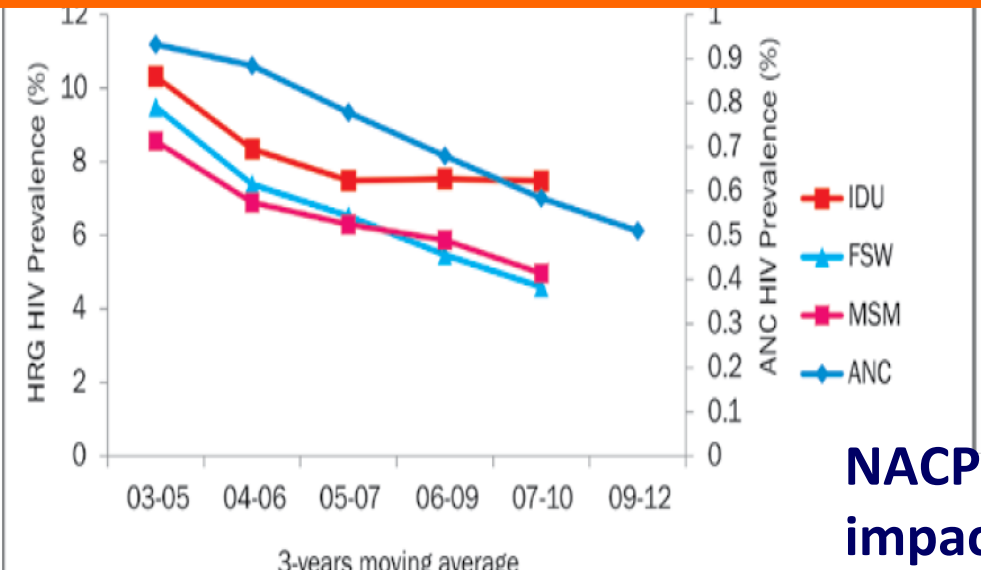

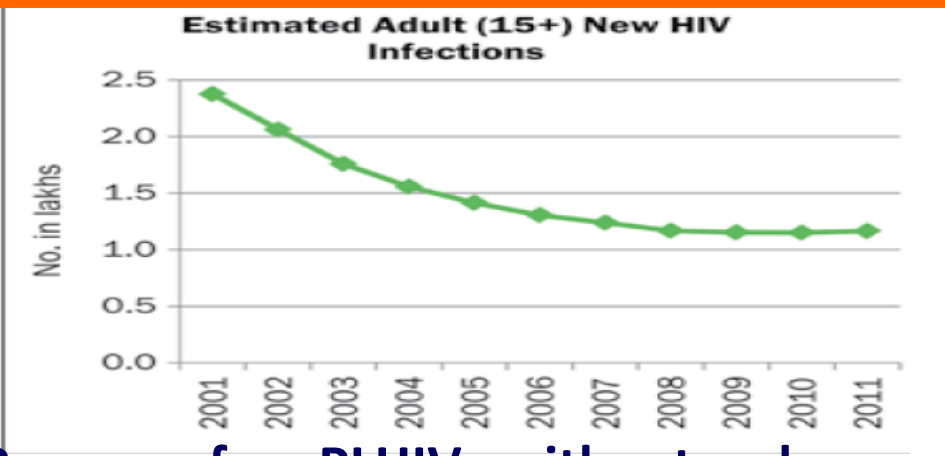

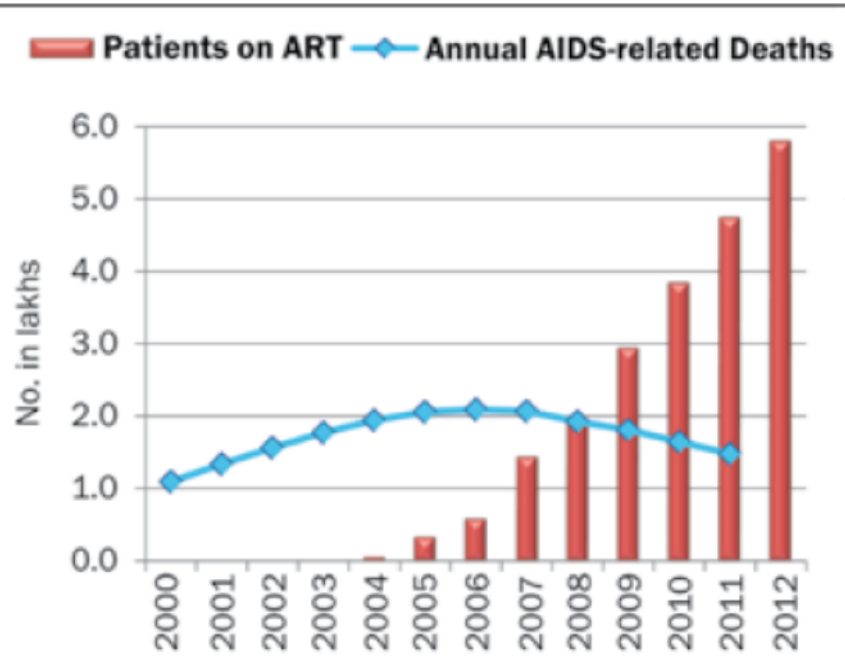

NACP: care for PLHIV without adverse impact on health care for other illnesses

India's low cost generic ART, prolonged the life of lakhs of Indian, Africans & Americans

There has been a steep reduction in HIV prevalence and near elimination of blood borne and mother-to-child HIV infection

AIDS epidemic had no impact on rate of reduction in under-nutrition or mortality rates in India - a remarkable achievement.

INDIA has fared well in HIV control

TRANSITION TO SUSTAINABLE DEVELOPMENT GOALS

TRANSITION FROM MDGS TO SDGS

Concerns raised about MDGs

- **The MDGs were drafted by a small team of technical experts at UN headquarters and focused primarily on poverty and health.**
- **Sociologists consider that the MDGs "failed to consider the root causes of poverty, or gender inequality, or the holistic nature of development."**
- **Environmental concerns were not addressed by MDGs.**
- **MDGs were primarily targets for poor countries to work toward, with financing from wealthy countries.**

These concerns were addressed while SDGs were drafted

- **SDGs were drafted over two years by an intergovernmental Open Working Group (OWG)that comprised representatives of seventy countries.**
- **SDGs try to address the environment, human rights, and gender equality, and other developmental issues.**
- **SDGs demand action from all countries and are to be financed mainly by the countries themselves .**

SDGs aim to achieve by 20130 a world free of poverty, hunger, disease and want, where all life can thrive

SDG is a plan of action for people, planet and prosperity

SDGs are integrated and indivisible goals which balance the three dimensions of sustainable development: the economic, social and environmental

Goal 1. End poverty in all its forms everywhere

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Goal 3. Ensure healthy lives and promote well-being for all at all ages

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Goal 5. Achieve gender equality and empower all women and girls

Goal 6. Ensure availability and sustainable management of water and sanitation for all

Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Goal 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

SUSTAINABLE DEVELOPMENT GOALS

Goal 10. Reduce inequality within and among countries

Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable

Goal 12. Ensure sustainable consumption and production patterns

Goal 13. Take urgent action to combat climate change and its impacts

Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development

Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development

TRANSITION FROM MDGS TO SDGS

CONCERNS

- MDG had 8 goals, 21 targets& 60 indicators; even with this limited agenda there were problems in planning , funding, implementing, monitoring the progress.
- There was progress in all sectors but most of the targets could not be achieved within the time frame
- SDG has 17 goals& 169 targets!
- The manpower , infrastructure and financial inputs needed to achieve these ambitious goals will be enormous.

- Four out of 8 MDG pertained to health and nutrition: only one was achieved.
- Only 1 of 21 SDG pertain to health- Focus on health may get diluted

- In MDG the focus was on death reduction and Communicable disease control .
- SDG focuses on wide spectrum of health problems CD, NCD, and MCH problems;
- The focus on the most needy and the most important goals is lacking in SDG
- SDG aims to promote healthy lives and well-being. Can this be achieved by all nations

POVERTY REDUCTION

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

Two out of eight targets under Goal 2 pertain to food security and nutrition

Target 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

Ambitious goal but with projected economic growth and food production, availability of subsidised food grains through the Public distribution system India can achieve this goal

Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Target .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

The term "mal nutrition" includes under and over nutrition and micronutrient deficiencies.

All countries are currently facing dual nutrition burden – of under and over nutrition and micronutrient deficiencies .

None of the countries in the world can end *ALL FORMS OF MALNUTRITION BY 2030.*

It is indeed a momentous change that the SDG has moved away from underweight to stunting and wasting as indicator for undernutrition

India is unlikely to achieve by 2025, any internationally agreed targets on stunting in children under 5 years of age. However up to 50 % reduction in wasting is possible with identification and targeted intervention for wasting

Most countries including India can and will strive to address nutritional needs of infants adolescent girls, pregnant and lactating women and older persons; many including India can achieve reduction in wasting it targets are set rationally

It is far more difficult to eliminate overnutrition and micronutrient deficiencies than undernutrition

Currently there are more overnourished then undernourished persons in the world and most developed countries .

In India the proportion and number of normally nourished persons is high because of the relatively low over nutrition rates

This is an opportunity and we should strive and ensure that majority of Indians remain normally nourished .

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

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At first glance this looks like a move away from time bound specific health targets to pious platitudes with no time frame .
However once we move from the goal to the targets set, it is clear that there has not been any dilution of health sector targets or their time frame .
India might be able to progress well to wards achieving the SDG in the next 15 years mainly because of the strong net work of health care the infrastructure with requisite manpower and well established pharma sector .

Target 1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

Target 2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

Both targets are far more ambitious than the MDG. India can strive to achieve these target s using the near universal MCH services to provide good quality antenatal, intranatal and neonatal care

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

Target 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

The target as stated above is unlikely to be achieved any where in the world It almost sounds the old cry for conquest of communicable diseases. We may have to wait for the detailed country / region strategies ,programmes and targets

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being

Recognising the problem if non communicable diseases which are increasingly becoming the major cause of illness and disability across the world , an achievable target has been set.
India with the current relatively low obesity rates and not unduely high NCD diseae burden can certainly strive towards achieving the set target

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

Target 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

In India universal access to RCH services are available .However the content quality of care is variable and poorest where needs are greatest .
In spite of major efforts timely referral has not been established

However these are remediable and by focusing on these it might be possible to progress towards universal access with quality

Target 8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

India has envisaged universal access to essential primary health care , emergency services , RCH services since tenth five year plan . Essential drugs/vaccine production , procurement and price control are in place

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

Target 5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

India has evolved policies, strategies and programmes for these areas and these are operational in most states

Target 6 By 2020, halve the number of global deaths and injuries from road traffic accidents

Accident and trauma services have received high priority in the last three plans and the country should strive to achieve this target

Target 9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

Programmes are being evolved and will need strengthening

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

3a. **Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate**

India has been in the forefront of these efforts and will continue to combat tobacco use .

3b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

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

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

India is striving towards these

The major change between MDG and SDG in health sector is replacement of disease and death specific goals with health and well being focused goal targets

All the health targets given in the MDGs are retained in the SDGs and fresh levels achievement by 2030 have been given

SDG recognises ongoing rapid health transition and has brought into the targets for reduction in injuries, non communicable diseases and substance abuse

SDG targets brings within its ambit the dimension of quality of care and health care financing

Unlike MDG, SDG provides absolute targets to be achieved by 2030 by all countries .

Some of the SDGs absolutist targets, such as ending malnutrition, malaria, and tuberculosis, are "implausibly optimistic and inefficient."

FINANCING SDGS

FINANCING SDGS

The SDGs are also expected to be costly.

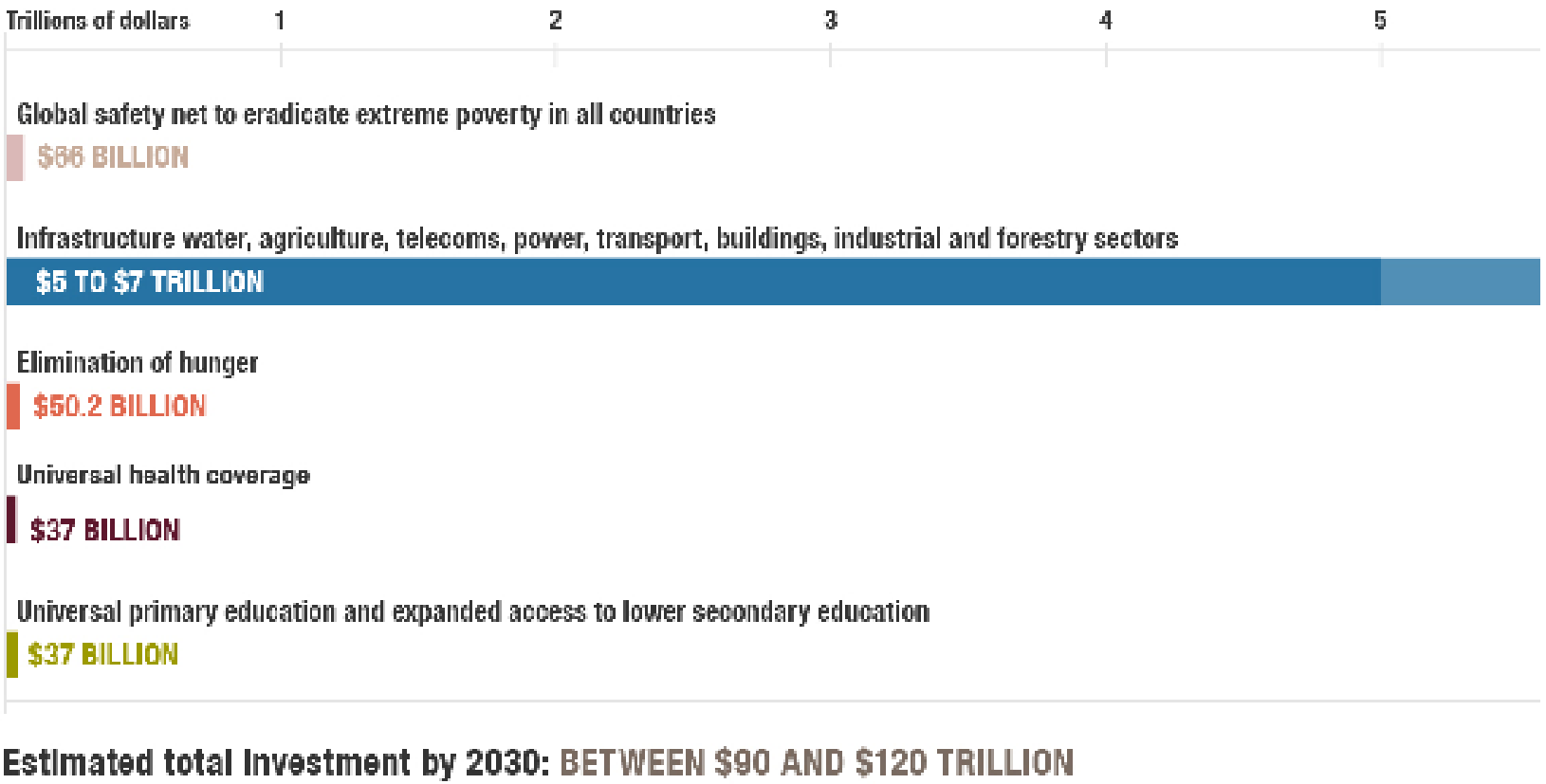
While estimates vary, analysts say it could cost as much as $4.5 trillion per year in state spending, investment, and aid to meet the SDGs.

A 2014 UN report estimates that infrastructure investments necessary to create jobs and sustain growth alone could reach $7 trillion annually.

Bjorn Lomborg, an economist and director of the Copenhagen Consensus Center, estimated that $200 billion of $900 billion in aid spent between 2000 and 2014 on MDGs.

He estimates that SDGs could direct as much as $700 billion in aid over the next fifteen years.

PROJECTED ANNUAL COSTS FOR ACHIEVING SDGS



Estimated total investment by 2030: BETWEEN $90 AND $120 TRILLION

Most of the investment will come from funds generated by countries themselves

CAN COUNTRIES INVEST ADEQUATE FUNDS ?
CAN COUNTRIES UNDERTAKE SOME PRIORITISATION?

Investing in nineteen of the most cost-effective targets, instead of all 169, could produce better results.

- Lower chronic child malnutrition by 40%
- Halve malaria infections
- Avoid 1.1m HIV infections through circumcision
- Increase immunization to reduce child deaths by 25%
- Make family planning available to everyone
- Cut indoor air pollution by 20%
- Boost agricultural yield growth by 40%
- Achieve universal primary education in sub-Saharan Africa

Cost: $30bn per year

Benefits: $1.2tn per year

Can be implemented quickly by expanding existing government and development programs

- Reduce tuberculosis deaths by 90%
- Cut early death from chronic disease by 1/3
- Reduce newborn mortality by 70%
- Halve coral reef loss
- Tax pollution damage from energy
- Triple pre-school in sub-Saharan Africa
- Increase girls' education by two years

Cost: $50bn per year

Benefits: $1.1tn per year

BENEFITS:

- Millions of lives saved
- Less disease

Some planning required before scale-up

FINANCING SDGS

Developing countries, through tax revenues and private investments, provide “the vast bulk” of resources for development.

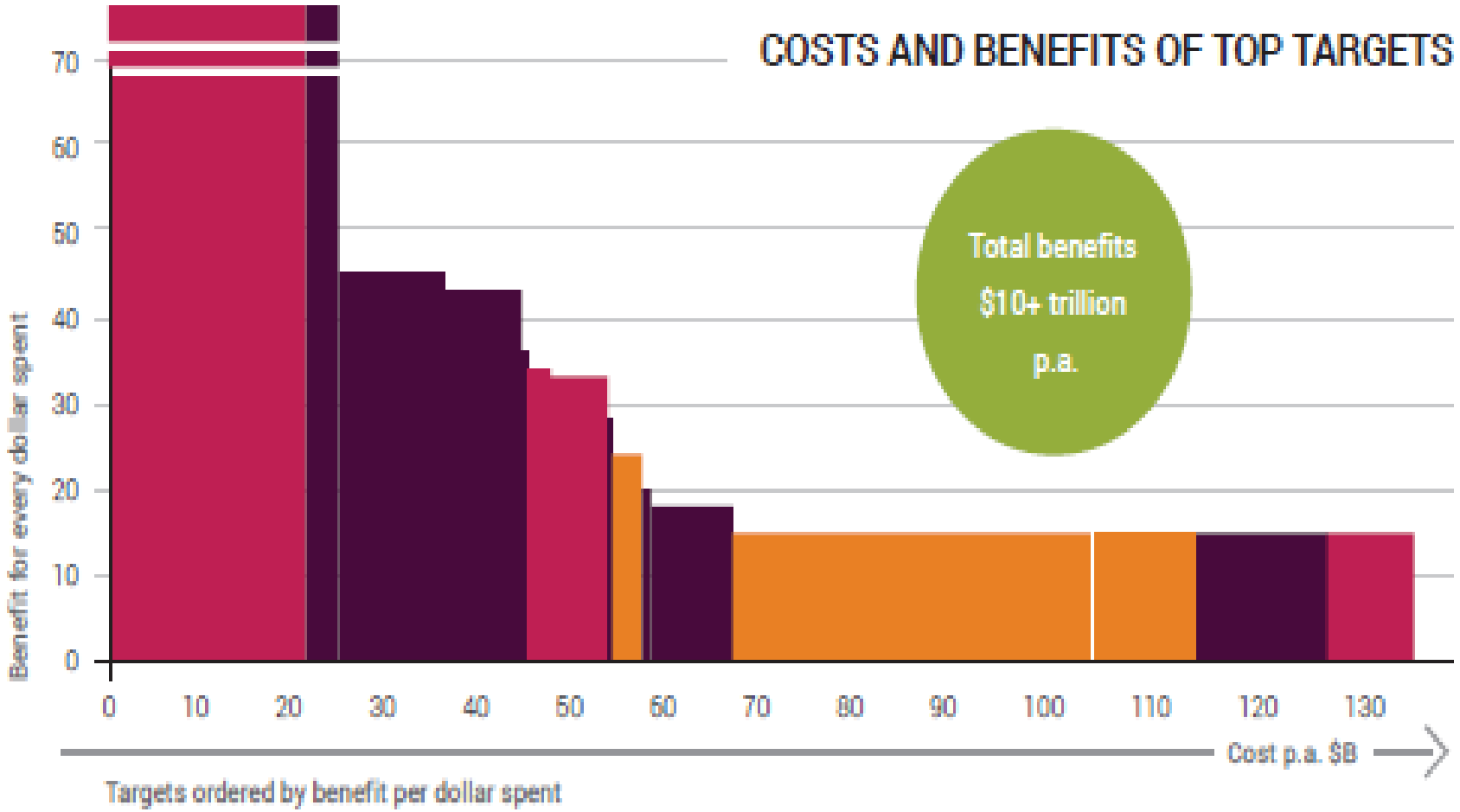
Developing countries, excluding China and India, mobilized $2.8 trillion in development financing, including $2.3 trillion in government revenues, in 2011.

OECD countries, thirty-four of the world’s most advanced economies, gave$135 billion in aid to developing countries in 2014.

SDGs face an annual funding gap of about $2.5 trillion

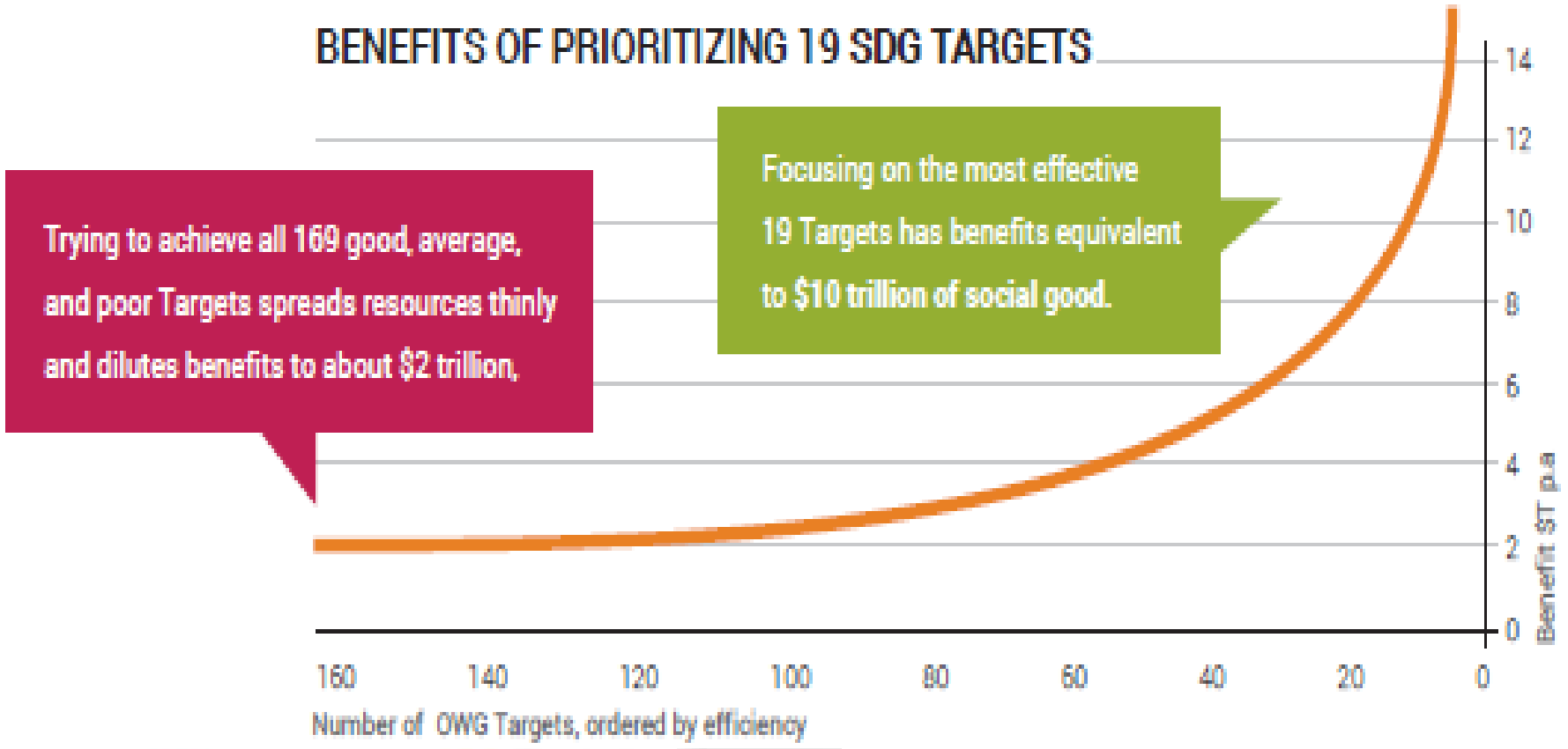
Resolving tax fraud is seen as crucial to closing the funding gap: Developing countries lose nearly $1 trillion (PDF) a year to “illicit financial flows”.

...providing phenomenal social, environmental and economic benefits at a cost of **$140bn+** per year



Source: Copenhagen Consensus Center. The recommendations are based on the work of 82 economists and two Nobel Laureates.
www.post2015consensus.com

...that focusing on them **first** would effectively **quadruple** the aid budget without any extra spending...



Source: Copenhagen Consensus Center. The recommendations are based on the work of 82 economists and two Nobel Laureates.
www.post2015consensus.com

TO SUM UP

MDG achievement in global level was good. But there were substantial differences between regions and nations in the achievements

In setting broad global goals the MDGs inadvertently encouraged nations to measure progress through "national averages," shifting focus away from those "greatest in need".

Between 1990 &2015, extreme poverty in developing countries fell from 49- 14 %

Economic growth in China and India contributed more than developmental aid to poverty reduction.

In China poverty reduction was from 61% in2000 to 4% in 2015.

The proportion of undernourished people fell by almost half mainly because of the improved nutritional status in Asians

Mortality rate for children under five dropped by more than half mainly due to reduction in U5 MR in Asia

Maternal mortality deaths declined by 45%, mainly due to fall in MMR in Asia.

Target related achievement in India was similar to global acheivements

Poverty reduction has been achieved earlier than targeted both globally and in India.
India's economic growth is likely to continue and future targets under SDGs are likely to be achieved

The reduction in undernutrition globally falls short of the target .

In India the reduction in undernutrition is very slow. This could partly be due to the lack of focused intervention and partly because of the problem in the parameter used for assessment .

To some extent the latter problem has been addressed in SDGs because underweight has been dropped as the parameter used for assessment of undernutrition ; wasting and stunting have been used as the parameters for assessing progress in undernutrition reduction

India can achieve substantial reduction in wasting if there is focussed intervention; however expected reduction stunting cannot be achieved in 15 years

TRANSITION FROM MDG TO SDG : CHALLENGE OR OPPORTUNITY ?

India's strengths

- Net work of nutrition care and health and primary, secondary and tertiary health care institutions have ben established
- Excellent research and survey data base on health and nutrition
- Track record for well conceptualised, holistic interventions
- Perceptive, rational, responsive, responsible population

Weakness

- Inexplicable delays and poor implementation
- Inequitable access: Urban - rural, interstate, income groups. The poorest and the most needy have lowest access

India's economic growth is likely to continue to be high. There is policy commitment to Investment in health and nutrition sectors to improve quality of life. Health services will get their share of investment in infrastructure Aware literate population can be expected to optimally utilise services available

We can utilise the broader & more holistic interventions envisaged under SDG to substantially improve health and nutritional status of the population.

Take home message : Build on strengths Correct weaknesses. Do not become complacent


Thank You