

SETTING NATIONAL TARGETS FOR SDG BASED ON DATA FROM COMPLETED NATIONAL SURVEYS

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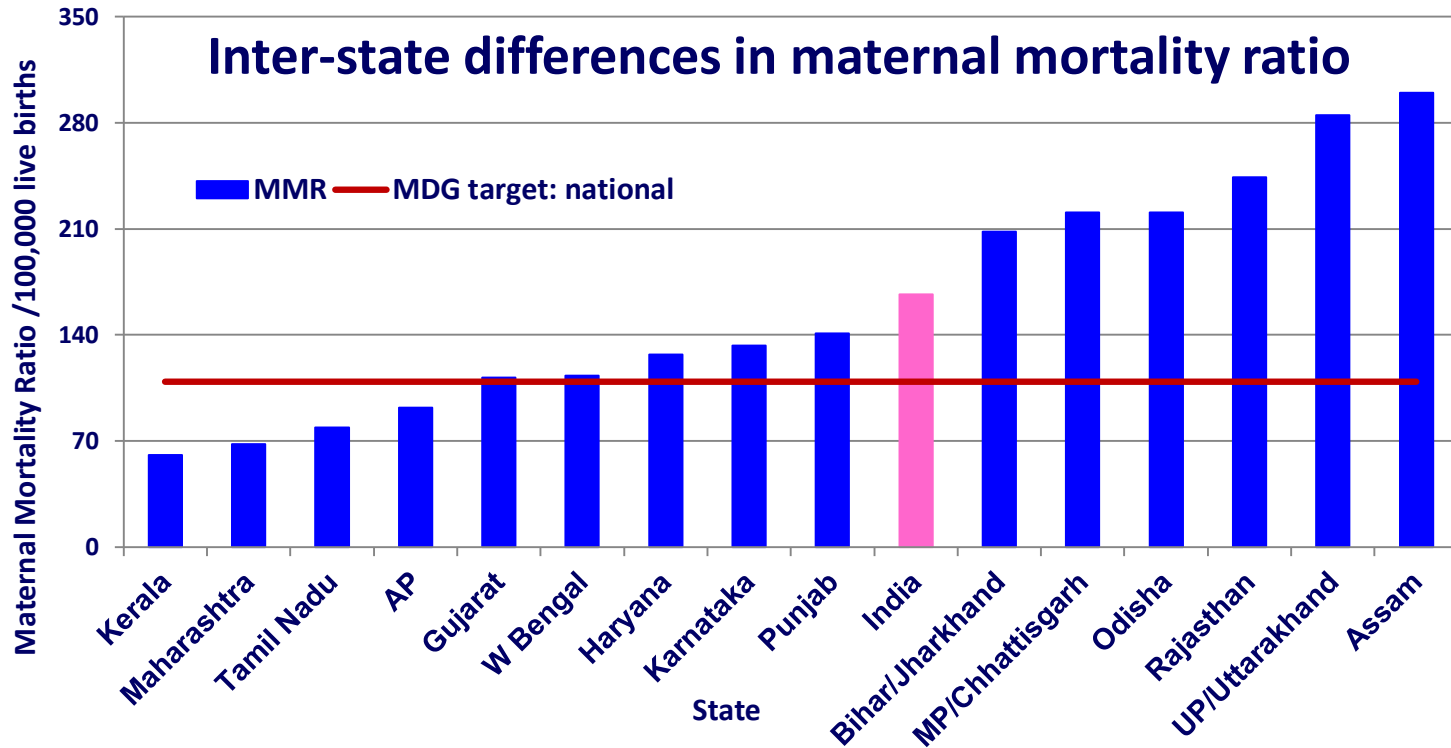
**NAMS NFI SYMPOSIUM
30.11.2016**

ACHIEVEMENTS UNDER MDG IN 2015

There had been unprecedented improvement in the rate of progress towards MDG nutrition and health targets.

- Globally and in India there has been 50% reduction in poverty
- There has been substantial reduction in prevalence of:
 - ✚ under-nutrition, though the target of 50% reduction in under-nutrition in children was not achieved
 - ✚ under-five mortality, but the target of 67% reduction in U5MR was not achieved
 - ✚ maternal mortality ratio, but the target of 75% reduction in maternal mortality ratio was not achieved
- HIV, TB and malaria: the target of halting the increase and reversing the incidence of HIV, Malaria and TB has been achieved.

INTERSTATE DIFFERENCES IN REACHING THE TARGETS



Source 'Millennium Development Goals India Country Report 2015'

Many of the southern and western states have already achieved the national level MDG targets for health and nutrition.

However many populous northern states are lagging behind.

Improvement in coverage, content and quality of nutrition and health services in these states will be needed to achieve SDG targets



**SUSTAINABLE
DEVELOPMENT**

GOALS



**SUSTAINABLE
DEVELOPMENT**

GOALS

SUSTAINABLE DEVELOPMENT GOALS AIM AT TRANSFORMING OUR WORLD

- SDGs build on the lessons learnt from efforts, problems faced and successes of MDG**
- SDGs is a plan of action for people, planet and prosperity**
- They are integrated and indivisible.**
- They balance the three dimensions of sustainable development: the economic, social and environmental**
- They envisage a world free of poverty, hunger, disease and want, where all life can thrive.**

TRANSITION FROM MILLENNIUM DEVELOPMENT GOALS TO SUSTAINABLE DEVELOPMENT GOALS

MDGs: concerns/unfinished agenda

SDGs: building on MDG experience

MDGs were drafted by a small team of technical experts at UN headquarters

SDGs were drafted over two years by an inter-governmental Open Working Group (OWG) that comprised representatives of seventy countries

Focused primarily on poverty, nutrition and health

SDGs try to address in addition to poverty, health and nutrition, the environment, equity, human rights, and gender equality, and other developmental issues

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.

MDG had 8 goals, 21 targets and 60 indicators

Nutrition and health were the focus of 4 out of the 8 MDGs.

SDG have 17 goals and 169 targets

Nutrition and health are goals 2 and 3. While continuing to focus on MDG target for under nutrition reduction, SDGs will focus on achieving optimal nutrition.

The unfinished agenda under MDGs for maternal and child health and communicable disease control will be addressed; SDGs will also focus on control of non communicable diseases and promoting healthy lives and well-being.

MDGs were primarily targets for poor countries to work toward, with financing from wealthy countries. Efforts were made to mobilise and focus developmental assistance so that these countries move rapidly. They did progress rapidly but mostly with their own funds

Clear feasible targets were set and monitoring mechanism set up

MDG targets essentially aimed at all countries achieving improvement by 2015 in terms of a proportion of the performance in 1990. These could be readily applied to all countries in various stages of development.

SDGs demand action from all countries and are to be financed mainly by the countries themselves. **Each country has the opportunity to prioritise the goals and interventions**

SDGs provide a universally applicable goals eg: End all form of malnutrition, Reduce NNMR to 12 and U5 MR to 25/1000 live births and Reduce MMR to 70/100,000 live births.

While there are several countries who have already achieved these, there are many countries for whom this might be a difficult target.

There is a need for more detailed technical discussions on the targets to be achieved by 2030

SDG NUTRITION TARGETS

NUTRITION GOALS UNDER SDG

SDGs, pertaining to nutrition to be achieved by 2030 are:

Goal 1 End poverty in all its forms everywhere

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

Target 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

Target 2.2 By 2030, end all forms of malnutrition, 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.

WORLD HEALTH ASSEMBLY NUTRITION GOALS 2025

The SDGs include the six global nutrition goals for 2025 set by the World Health Assembly. These are:

- achieve a 30% reduction in low birth weight (LBW);
- increase the rate of exclusive breastfeeding (EBF) in the first six months up to at least 50%;
- achieve a 40% reduction in the number of children under-five who are stunted;
- reduce and maintain childhood wasting to less than 5%;
- ensure that there is no increase in childhood overweight;
- achieve a 50% reduction of anaemia in women of reproductive age.

SDG 1 POVERTY ELIMINATION BY 2030

- **The very first SDG goal is poverty elimination.**
- **Currently India's GDP growth is the highest in the world.**
- **India achieved the MDG targets poverty reduction goal well ahead of 2015.**
- **Unless unforeseen calamities hit us, India is expected to have high enough GDP growth rate for foreseeable future to achieve the ambitious SDG for poverty elimination by 2030.**

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

2.2: By 2030, end all forms of malnutrition

The term “mal-nutrition” includes under- and over- nutrition and micro-nutrient deficiencies - these are major problems in developed and developing countries.

NONE OF THE COUNTRIES IN THE WORLD CAN END ALL FORMS OF MALNUTRITION BY 2030.

This therefore has to be considered as the inspirational and aspirational intent which will be modulated to achievable realistic targets in the subsequent sections.

SDG 2 TARGET 1: END HUNGER AND ENSURE ACCESS, TO SAFE, NUTRITIOUS AND SUFFICIENT FOOD ALL YEAR ROUND FOR ALL BY 2030

SD Goal 2 Target 1 aims to 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 by 2030.

India can achieve this ambitious goal because

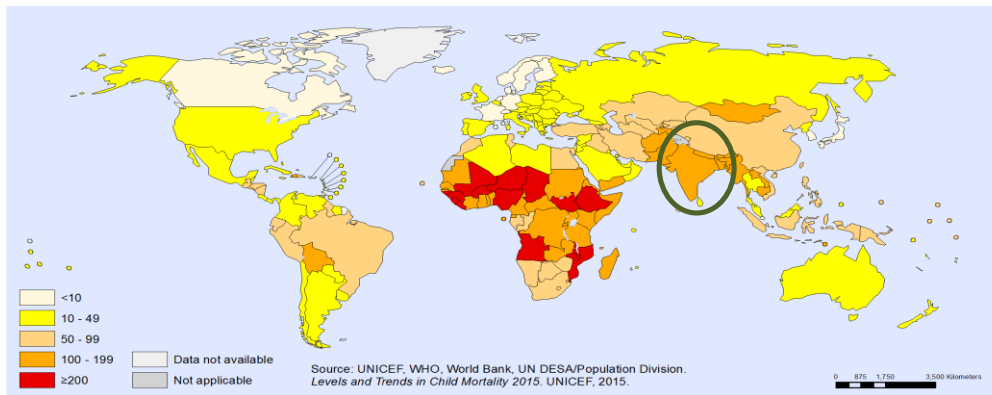
- projected growth in food production will ensure self-sufficiency in food production to meet the needs of growing population**
- National Food Security Act provides highly subsidised food grains as a legal entitlement to 2/3rd of Indians through the Public Distribution System**
- large scale food supplementation programmes for bridging the energy gaps in vulnerable segments under ICDS and MDM are a legal entitlement**

WHA TARGET 1 REDUCE LOW BIRTH WEIGHT RATE BY 40%

- LBW rate in India is 30%.
- It will not be possible for the country to achieve 30% reduction in LBW by 2015

SDG TARGETS FOR IMR

Under five mortality 1990

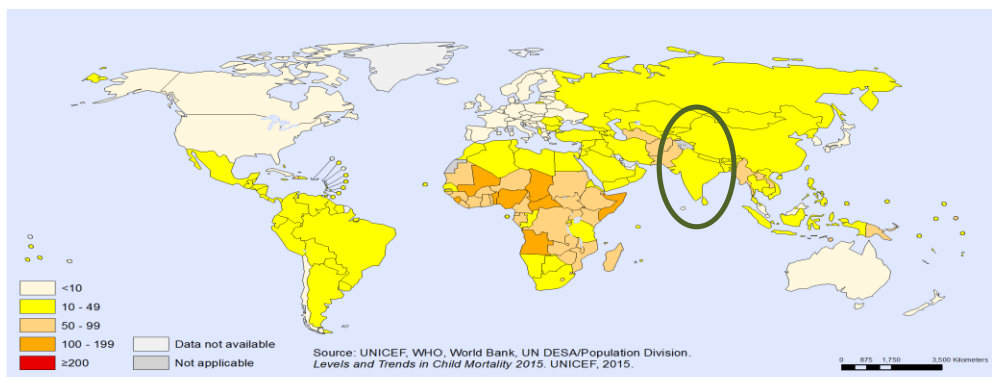


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Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

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Under five mortality 2015



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In India LBW rates (30%) and under-nutrition rates (>40%) in pre-school children are high. Despite these, NNMR, IMR and U5MR in India both in 1990 and in 2015 are comparable to other countries (South Asian enigma).

The small mature Indian low birth weight infants survive if given essential newborn care and breast feeding.

They grow along their own low trajectory and are labeled as under-nourished.

India can achieve SDG targets for IMR despite high continued low birth weight and stunting rates.

WHA GOAL 2 TARGET 50% EXCLUSIVE BREAST FEEDING (EBF) BY 2025

- India is fortunate that breast feeding is nearly universal in the country.**
- Currently EBF in India is 46%.**
- India can achieve the WHA goal of EBF of 50% by 2017 or 2018**
- The country can then continue to be world leader in terms of highest EBF rates**
- May be by 2030 we can achieve near 100% EBF in the first six months giving the right start for the infant's critical first six month of life.**



MOTHER CHILD PROTECTION CARD

Family Identification

Mother's Name _____ Age

Father's Name _____

Address _____

Mother's Education: illiterate/primary/middle/high school/graduate

Pregnancy Record

Mother's ID No. _____

Date of the last menstrual period / /

Expected date of delivery / /

No. of pregnancies/previous live births /

Last delivery conducted at: Institution Home

Current delivery: Institution Home

JSY Registration No. _____

JSY payment: Amount Date / /

Birth Record

Child's Name _____

Date of Birth / /

Birth Weight kg gms

Girl Boy Birth Registration No.

Institutional Identification

AWW _____ ANM/CHC/PHC _____

ASHA _____ ANM _____

BHC / Clinic _____

PHC / Town _____ Hospital / FRU _____

Contact No. ANM _____ Hospital _____

Transport Arrangement _____

AWC Reg No. Date / /

Sub-centre Reg No. Date / /

Referral / / /

0 to 6 months

Feeding



- ◆ Start breastfeeding immediately after birth – within 1 hour
- ◆ Exclusively breastfeed for 6 months. Do not give any other food or drinks and not even water
- ◆ Breastfeed as many times as the child wants
- ◆ Breastfeed day and night

1 to 2 years

Feeding



- ◆ Continue to offer a wide variety of foods including family foods, such as rice/ chappati, dark green leafy vegetables, orange & yellow fruits, pulses and milk products
- ◆ Feed the child about 5 times a day
- ◆ Feed from a separate bowl and monitor how much the child eats
- ◆ Sit with the child and help her finish the serving
- ◆ Continue breastfeeding upto 2 years or beyond

6 to 12 months

Feeding



- ◆ On completion of 6 months, start with small amounts of soft mashed cereal, dal, vegetables and fruits
- ◆ Increase the quantity, frequency and thickness of the food gradually
- ◆ Understand child's signals for hunger and respond accordingly
- ◆ Feed the child 4-5 times a day and continue breastfeeding

2 to 3 years

Feeding



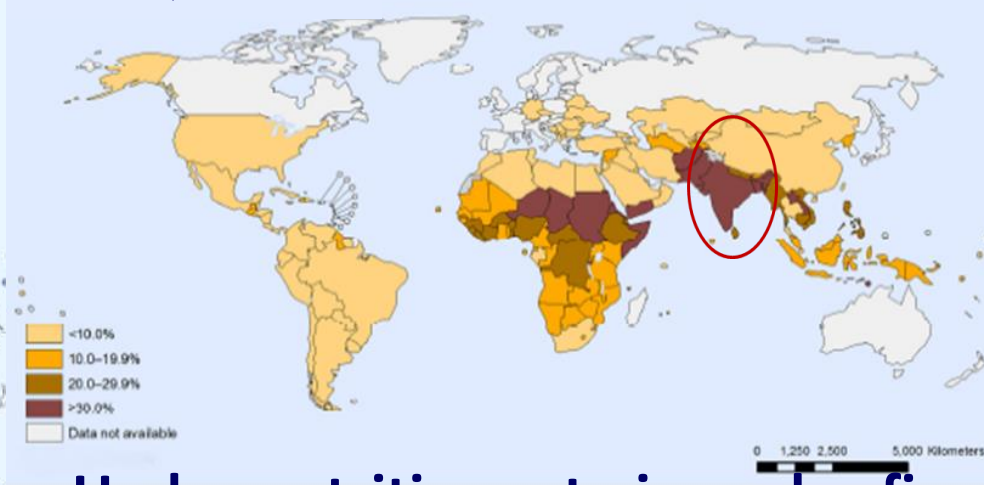
- ◆ Continue to feed family foods 5 times a day
- ◆ Help the child feed herself / himself
- ◆ Supervise feeding
- ◆ Ensure hand washing with soap before feeding

UNDER-NUTRITION RATES – GLOBAL AND INDIAN

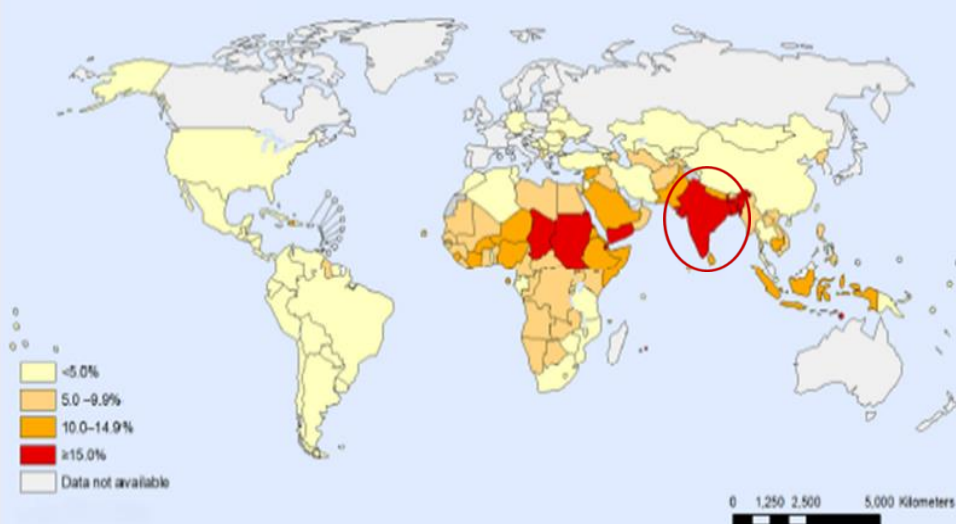
STUNTING



UNDERWEIGHT



WASTING

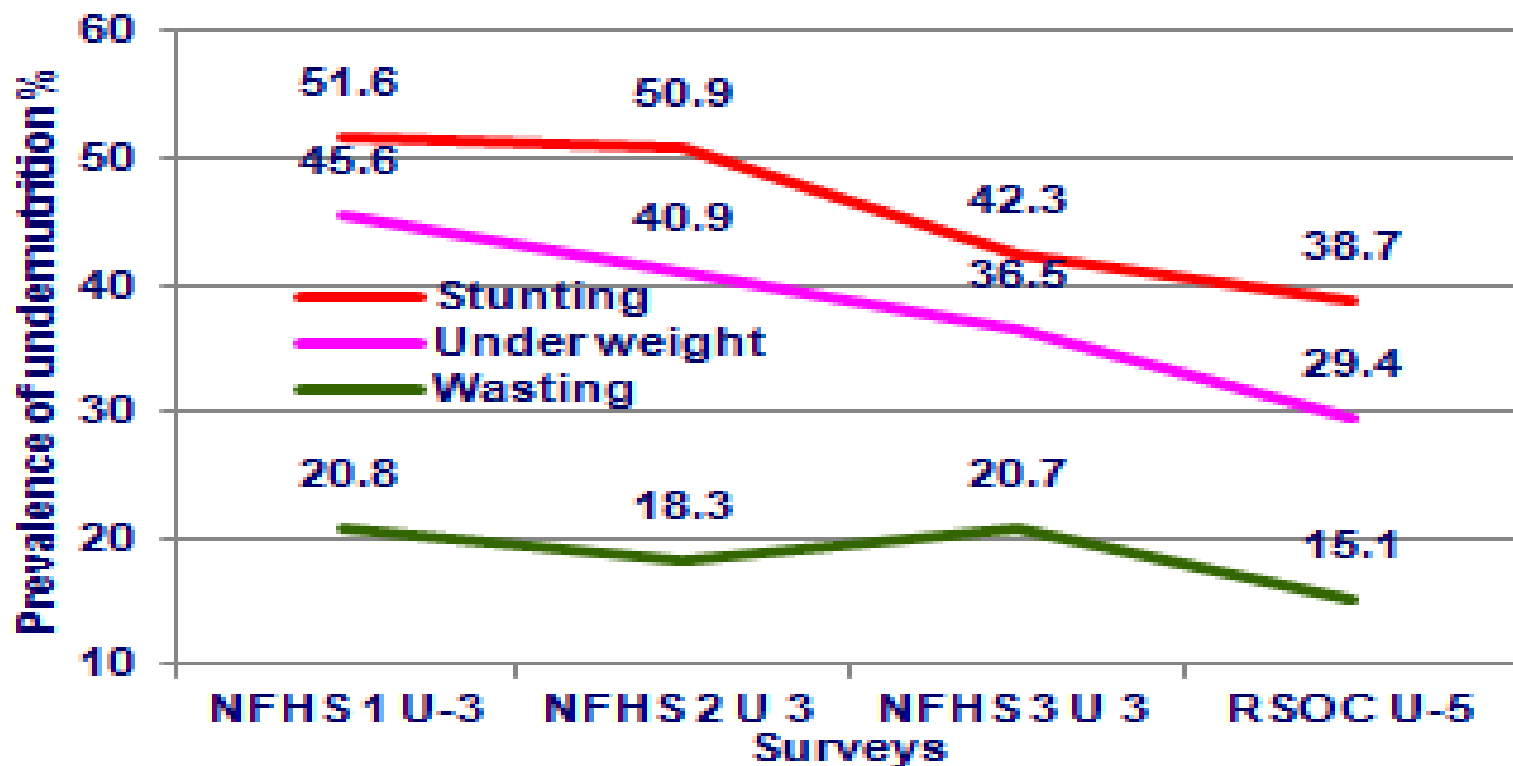


Under-nutrition rate in under-five children is considered a very important outcome indicator for food security.

Stunting, underweight & wasting rates in Indian pre-school children are among the highest in the world.

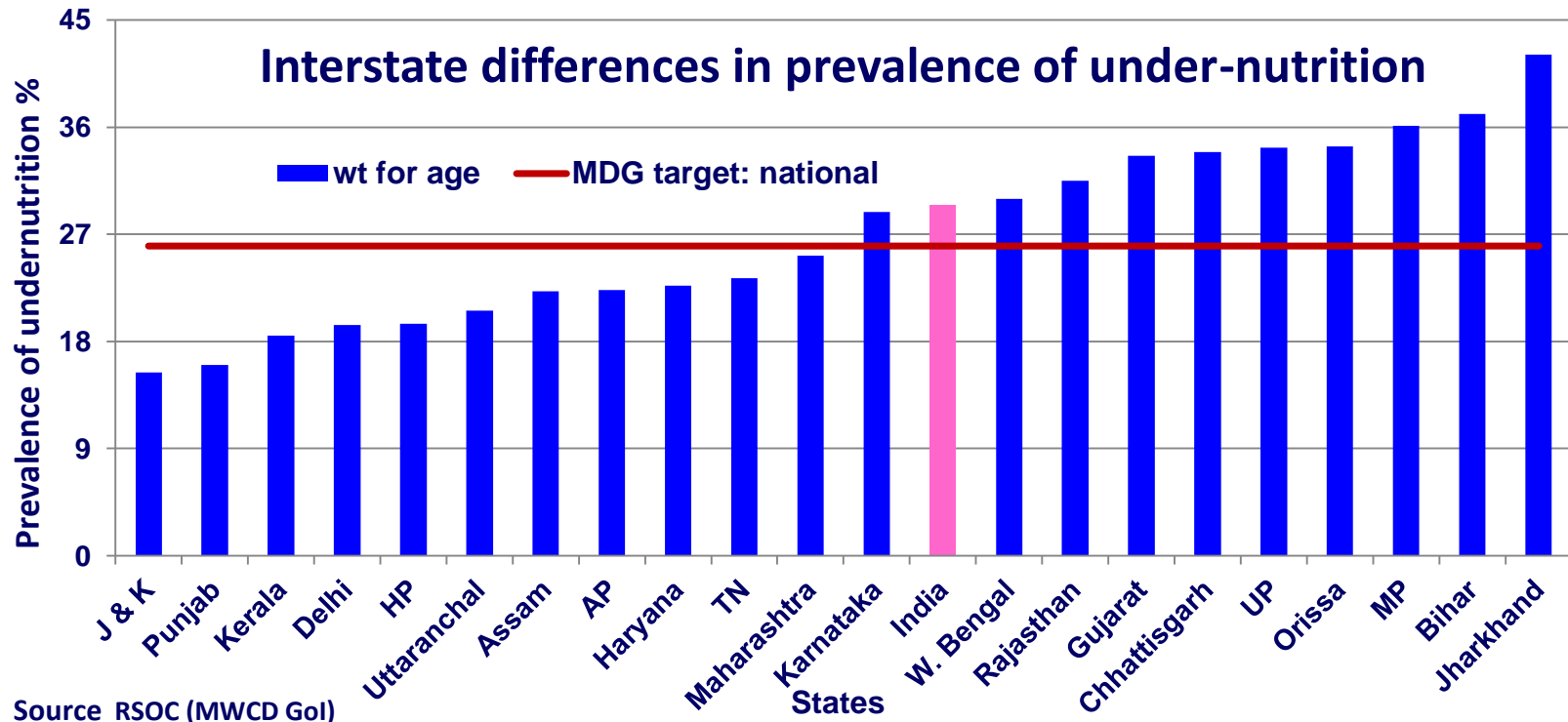
This leads to India's low ranking in development reports.

TIME TRENDS IN PREVALENCE OF UNDER-NUTRITION IN INDIA



Over the years there has been a slow but steady decline in stunting and under-weight rates; but the country failed to bring about a 50% reduction in under-five underweight and stunting rates in 1990-2015. Over decades there has been very little reduction in the prevalence of wasting (a sign of current energy deficiency).

INTER-STATE DIFFERENCES IN PREVALENCE OF UNDER-NUTRITION



Punjab, Kerala and many other states some states have achieved national goals under MDG for underweight by 2013, But the large populous northern states have not been able to do so. Focussed attention to the implementation of interventions in these states is urgently needed.

WHA TARGET 3

ACHIEVE 40% REDUCTION IN STUNTING BY 2025

- **WHA target is 40% reduction in stunting by 2025.**
- **Currently about 40% of under-fives in India are stunted.**
- **In the last four decades reduction in stunting rate is 1%/year**
- **India cannot achieve a sharp increase in reduction of stunting rates to 4%/year.**

WHA TARGET 4

REDUCE & MAINTAIN CHILDHOOD WASTING <5%

- One in six Indian children and a third of young adults are thin.
- Early detection and management will reverse wasting.
- If there are focused interventions to identify and correct wasting in children it is possible for India to achieve the target of reduction in wasting to 5%.
- Reduction in wasting will accelerate reduction in stunting.

WHA TARGET 5 ENSURE THAT THERE IS NO INCREASE IN CHILDHOOD OVERWEIGHT

- Globally 6% of children and 40% of adults are overweight.**
- In India overweight rate is 2% in children and 15% in adults.**
- India can certainly prevent increase in over-nutrition rates and ensure that the projections that India will be the home of largest number of overweight persons does not become a reality.**
- If over-nutrition rates are kept at current level, the projected rise in NCD can also be prevented.**

WHA TARGET 6 : ACHIEVE A 50% REDUCTION OF ANAEMIA IN WOMEN OF REPRODUCTIVE AGE.

- Currently India has the highest prevalence of anaemia and the largest number of anaemic persons in the world**
- Though there has been a reduction in the severity of anemia and its health consequences, the reduction in prevalence of anaemia has been slow**
- There is movement to wards increase in dietary diversification and increase in consumption of vegetables**
- Iron fortified iodised salt is now marketed by many firms**
- With improved dietary diversification and increase in use of iron fortified iodised salt, it might be possible to accelerate the decline in anaemia in all segments including women.**

SDG HEALTH TARGETS

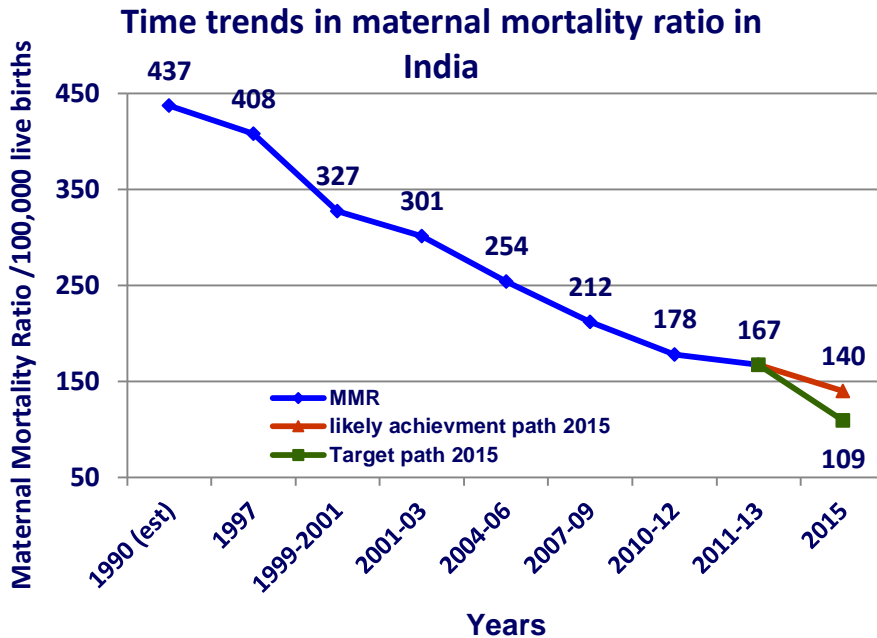
GOAL 3: ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

- Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births**
- Target 3.2: By 2030, end preventable deaths of newborn 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**
- 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**
- Target 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**
- Target 3.8: 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.**

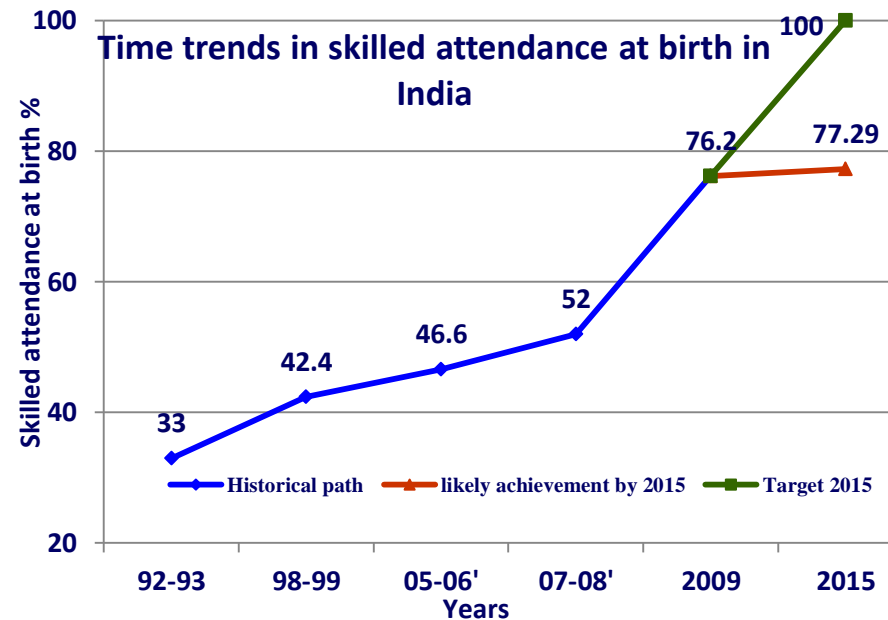
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Target 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

SDG TARGET: MMR OF 70/100,000 LIVE BIRTHS



Source: Millennium Development Goals India Country Report 2015

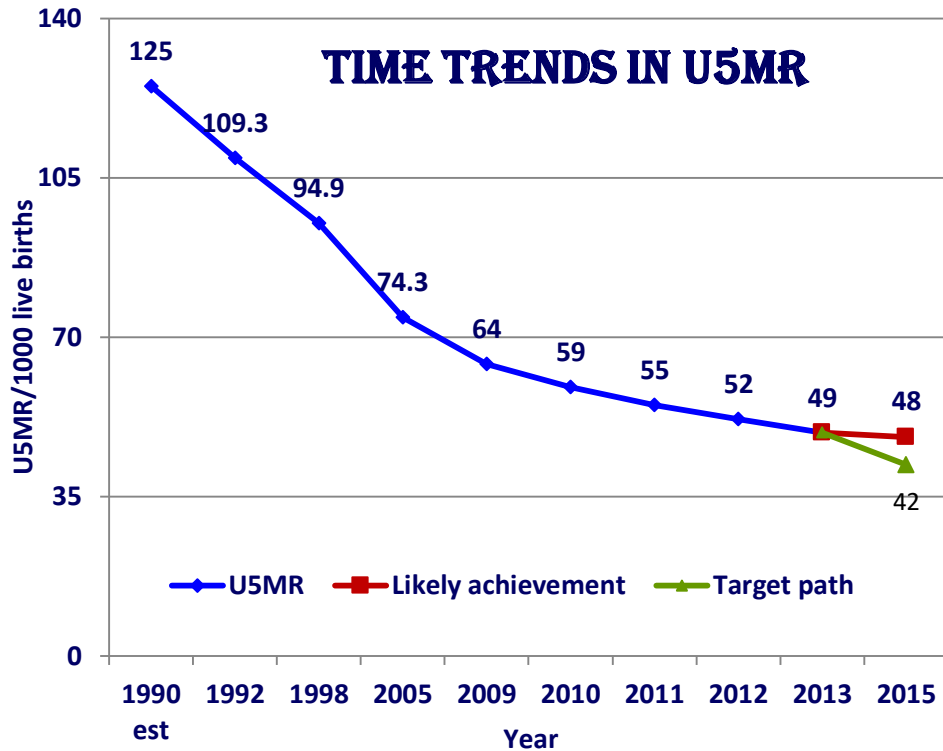


Source: Millennium Development Goals India Country Report 2015

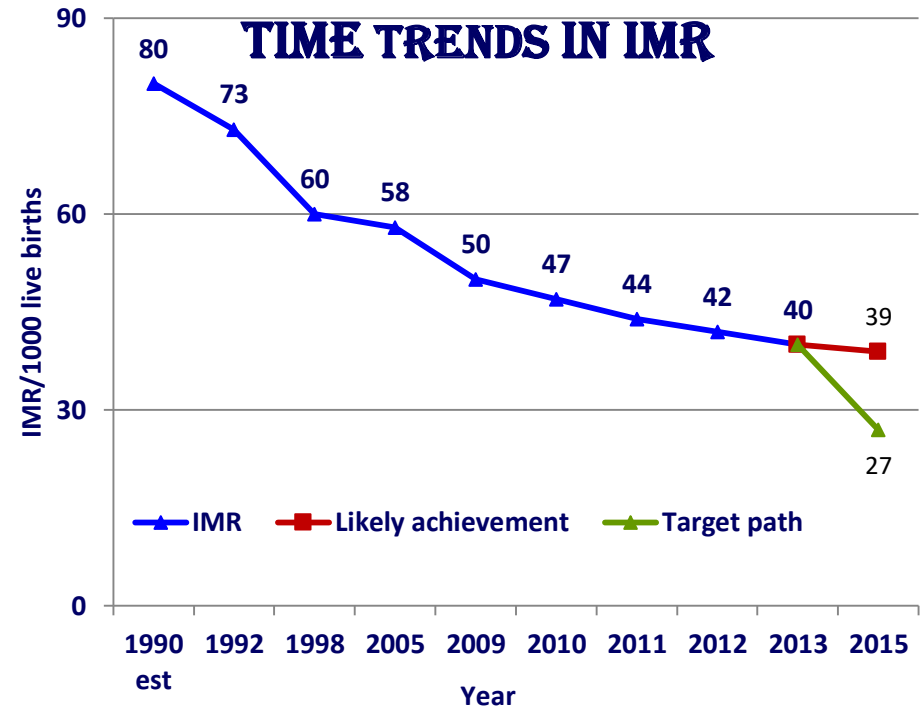
There has been a steep rise in the institutional deliveries and substantial decline in maternal mortality

India can achieve near universal institutional delivery and MMR below 70/100,000 by 2030.

SDG TARGET: REDUCE U5 MR TO 25/1000 LIVE BIRTHS



Source: Millennium Development Goals India Country Report 2015



Source: Millennium Development Goals India Country Report 2015

Mature but small Indian neonates survive with universal breast-feeding and essential health care but grow along their own low trajectory.

India has achieved steady and sustained reduction in IMR and U5MR despite of high LBW and under-nutrition rates between 1990 and 2015 .

The country can achieve the target of U5 MR of 25/1000 live births even though all states may not be able to do so

Reaching SDG targets 3.1 and 3.2 by 2030

Investments over the last two decades in health infrastructure and manpower providing essential maternal child health care resulted in improving access to essential obstetric, delivery, neonatal and child care.

Efforts are under way to ensure improvement in content, quality and timeliness of care.

If these are achieved on scale across the country, it is likely that the country as a whole will achieve the SDG goals, even though some states may not be able to do so.

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 ongoing national communicable disease control programmes have helped the country to achieve the MDG goals pertaining to HIV, TB and malaria.

Multidrug resistance is posing a challenge for HIV, TB and microbial infections control programmes; increasing emerging insecticide resistance poses challenges for malaria control programme both globally and in India.

These have to be addressed, globally and nationally if the SDGs targets for these diseases are to be achieved.

SDGs have added targets for tropical diseases, hepatitis, waterborne diseases and other communicable diseases to be achieved by 2030.

The improvement likely to be brought about by related SDG targets - eg safe drinking water and environmental sanitation - will contribute towards prevention of water-borne and vector-borne diseases.

SDGs emphasis on capacity building of health system to effectively respond to emerging and re-emerging communicable diseases, will help India's health system to move in the right direction.

But achieving the targets for the newer communicable diseases included in SDGs, will be difficult because the country will have to overcome the challenges of

- ✚ rising drug resistance across microbial infections,**
- ✚ lack of specific disease control programme for these infections and**
- ✚ the fact that health system at various levels is not fully geared for the prevention, early detection and effective management of these infections.**

Target 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

Global and Indian projections on non-communicable diseases (NCDs), show that India is in the rising phase of the epidemic curve and by 2030 India can be expected to become the home of the largest number of persons with NCD.

Most of the NCDs are asymptomatic in the initial phase of the disease.

There are at present no population based programmes for screening for various non-communicable diseases in India.

Most of the NCDs are diagnosed only when the persons seek health care in the advanced stage or for symptoms due of complications of NCD.

Target 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

India has initiated non-communicable disease control programmes in the last decade, but coverage, content and quality of services, patient compliance with medication and the follow-up are suboptimal.

Most NCDs require life-long life-style modification, medication and periodic medical check-up.

Given this scenario, effective implementation of non-communicable disease control programmes through resurgent health system providing universal health care, can at best enable the country to limit the rise in NCDs.

Achieving reduction by one-third in the premature mortality from non-communicable diseases might not be possible.

Target 3.8 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

It is well recognised that healthy work force is an essential pre-requisite for sustainable development and effective health care delivery is one of the most cost-effective ways of improving quality of life of the citizens.

Over the last five decades India had invested heavily in building a national health system aimed at providing essential health care based on need and not on ability to pay.

Since 2000 with the impetus provided by MDG, the focus has been mainly on improving delivery of vertical programmes providing care for selected communicable diseases and maternal and child health problems.

This led to the relative neglect of building up the health systems holistically to cope with prevention, early detection and effective management of whole spectrum of health problems.

Target 3.8 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.

SDGs emphasises importance of universal holistic health coverage, addressing the pre-transition, post-transition health problems as well as expected and unexpected emerging diseases.

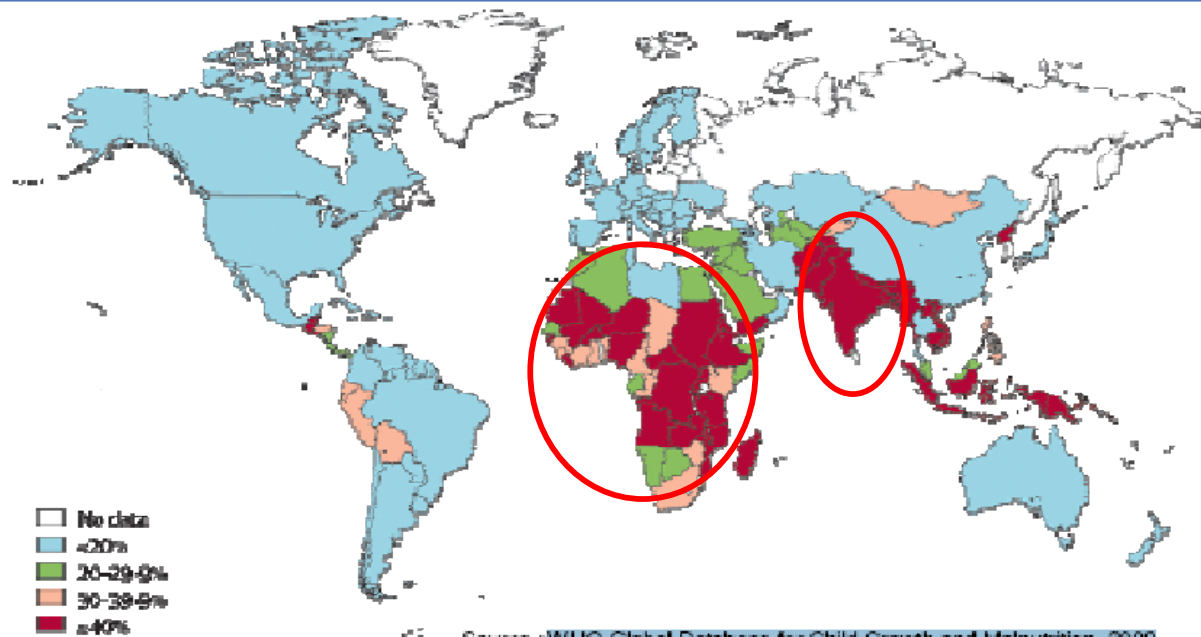
This push towards universal health coverage providing preventive, promotive measures, as well as early diagnosis and effective management of any and every health problems is very timely.

SDG's emphasis on universal health coverage can provide the impetus to India's efforts to build up a sustainable health system where all citizens may get rational and comprehensive package of preventive care, diagnostics, treatment as an entitlement, without having to pay at the point of use.

TO SUM UP

STUNTING AND UNDERWEIGHT IN U5 CHILDREN

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



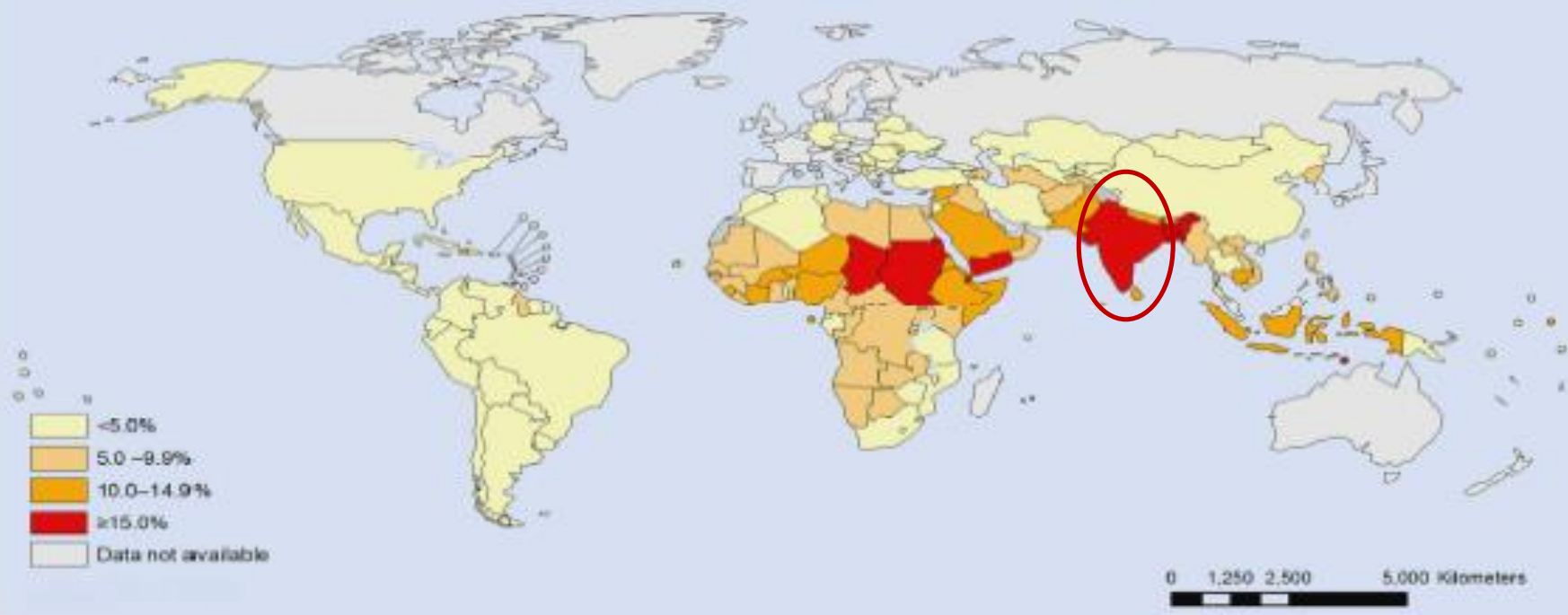
Stunting & underweight rates in Indian under-5 children are high **but household food insecurity is not the major factor responsible.**

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

WASTING



One in six Indian children and a third of young adults are thin



Early detection & management will reverse wasting & prevent stunting in children

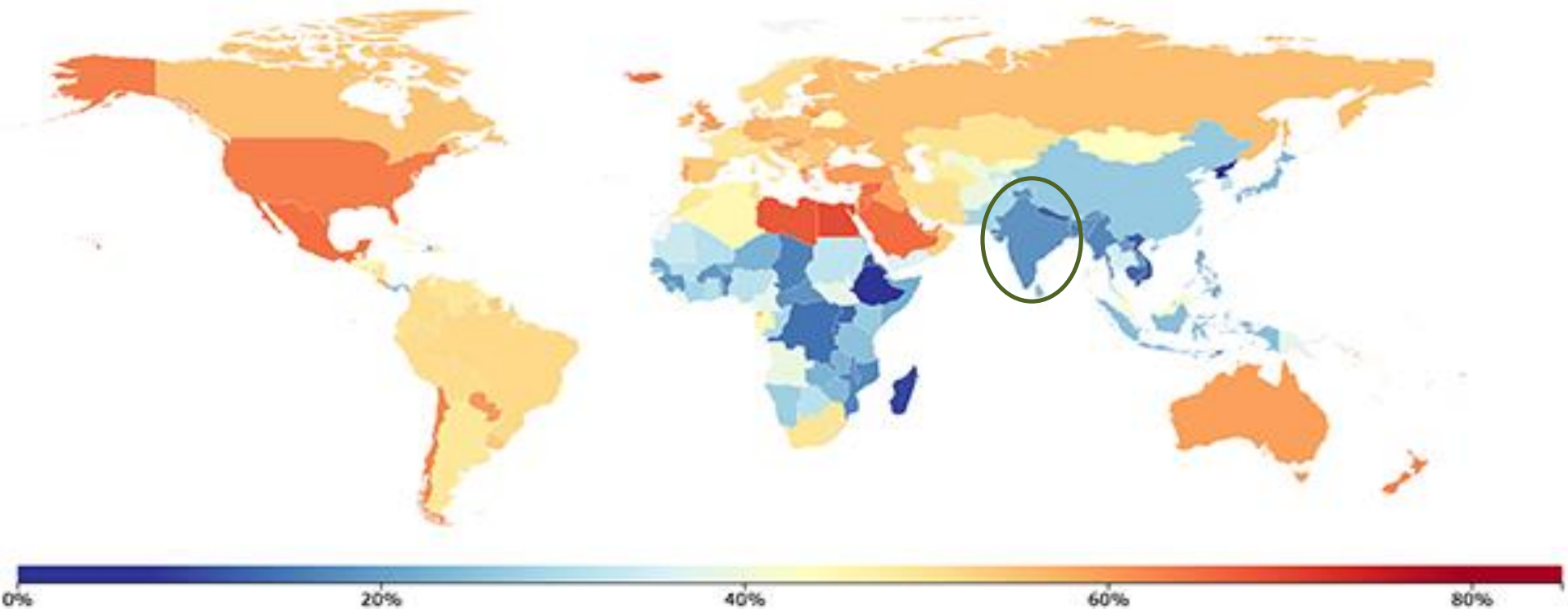


Detection and correction of wasting in young adults will improve work capacity and in women improve birth weight of the offspring.

LOW OVER-NUTRITION: AN OPPORTUNITY

Overweight and obesity patterns (BMI ≥ 25) for both sexes adults (20+)

Overweight and obesity prevalence in 2013



In India prevalence of over-nutrition is still low



Nutrition and health professionals and aware population will strive to prevent the projected rise in over-nutrition and NCD.

It is likely that the India's performance pertaining to nutrition and health related SDG targets will be similar to global achievements except for the targets pertaining to under-nutrition and non-communicable diseases.

India can be the global leader in infant feeding, achieve the SDG target for reduction in wasting and can prevent increase in over-nutrition.

However the country cannot achieve targets for reduction in low birth weight and stunting.

SDG targets for infant and maternal mortality reduction can be achieved.

HIV, TB and malaria control related targets may be achieved; but the targets pertaining to other communicable diseases is unlikely to be achieved.

India which is currently in the rising phase of epidemic curve for non-communicable diseases cannot bring about 1/3rd reduction in premature mortality due to NCDs. The country can at best succeed in limiting the rise in morbidity and mortality due to NCDs.

Thank You

