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Perspectives and Issues**



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Baba Gangnath Marg, Munirka, New Delhi—110067

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All editorial correspondences should be addressed to:

The Editor, Health and Population: Perspective and Issues

The National Institute of Health and Family Welfare,
Baba Gangnath Marg, Munirka, New Delhi-110067, INDIA

E. mail: editor@nihfw.org

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Mr. Puran Mal Meena
Mr. Vinod Kumar

Hindi Translation
Ms. Monika

Technical Support
Mr. Surender Prasad

Sustainable Development of Health in India: An Inter-Ministerial Contribution towards Health and Wellbeing for Optimum Quality of Life

A.M. Elizabeth*, J.P. Shivdasani*, Vandana Bhattacharya*, Parimal Parya*, Kiran Rangari* , Subhash Chand*, Bacchu Singh**, Ramesh Gandotra**, Lakhan Lal Meena**, Y.K. Singhal**, Rita Rani**, Manisha**, Ghanshyam Karol**, Vaishali Jaiswal**, Rekha Meena**, Sherin Raj T.P.** , S.P. Singh**, Sangita Mishra**, Bhawna Katuria**, Raj Narayan** and Harshad Thakur ***

* Research Officers, **Assistant Research Officers, ***Director, NIHF, New Delhi- 110067.

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Prof. Sanjay Gupta, Professor, Department of Community Health Administration, NIHF, New Delhi- 110067.

Abstract

The significant achievement within public health in India during the past few decades is visualized by a decrease in demographic indicators for health like IMR, MMR, TFR and doubling of life expectancy. But, grading people's health and the health care system across the states visages a kind of disagreement of an emerging disconnect between the complexity and iniquitous nature of problems as well as the competence to address it meaningfully. The health outcomes still remain depleted when the country is compared with others with similar economic stage of development. Our past efforts to improve the health status showed that optimum health cannot be achieved without the development of other sectors like economy, education and information, social and environment. Hence, there should be an intense collaboration with other departments for achieving the quality of life; and it is desirable that each sector should consider health dimension in their public policy and programme strategies with utmost priority of "leaving no one behind". Thus, the objective of this paper is to explore the level of inter-ministerial contribution and collaboration within and between for health; based on the content analysis of various recent annual reports and publications of each ministry. The intent is for a deeper understanding of inter-sectoral and multi-sectoral collaboration and contribution at all stages for health; identifying the strength, weakness and disparity which need to be tackled for improving and suggesting strategies for the sustainable development of health in India. The study found that majority of the ministries has incorporated health dimension in their policy and programme. But for the country to attain sustainable development for health, requires strong actions with well-defined strategies for mutual cooperation and collaboration between all the ministries and departments at all stages from resources allocation to programme implementation for the desired outcome with the set time period.

Key words: Sustainable development, Health, Quality of life, Centrally-sponsored schemes, NHM, AYUSH.

Introduction

India's development agenda is a reflection of Sustainable Development Goals (SDGs). The adorable phrase enunciated by the Prime Minister "Sabka Saath Sabka Vikas" translated as "Collective Effort, Inclusive Development" forms the foundation of the new national development agenda. Our past efforts to improve the health status showed that optimum health cannot be achieved without the development of other sectors like economy, education and information, social and environment. Hence, there should be an intense collaboration with other departments for achieving the quality of life; and it is desirable that each sector should consider health dimension in their public policy and programme strategies with utmost priority of "leaving no one behind". Further, the way India with its diversity of problems and issues develops sustainable development strategies for achieving the optimum quality of health will be the best model for replication by other countries with similar socio-economy, demography and environmental status. Research on the intersectoral and multisectoral cooperation for health showed that collaboration was enabled by authorising directives and support from the top. The experiences and lessons from the past struggles to find a way

forward on how to achieve collaborative action within the local health systems to address an unmet need for health transformation.

The United Nation Development Sustainable Development Goals 2030 include 17 goals with 169 targets. Out of these SDGs, the goal SDG-3 focuses on health comprising 13 targets with 4 listed as means of implementation targets and a total of 26 indicators. Each target has one or two proposed indicators and these health Goals have the largest number of proposed indicators among the all the SDGs. Further, the SDG-3 lays emphasis on ensuring healthy lives and promoting well-being for all at all ages and to make it attainable by linkage with other 8 SDGs i.e. SDGs 1- End poverty in all its forms everywhere; SDG-2- End hunger, achieve food security and improved nutrition and promote sustainable agriculture; SDG-5- Achieve gender equality and empower all women and girls; SDG-6- Ensure availability and sustainable management of water and sanitation for all; SDG-7- Ensure access to affordable, reliable, sustainable and modern energy for all; SDG-8- Promote sustained, inclusive and sustainable Economic growth, full and productive employment and decent work for all; SDG-11- Make cities and human settlements inclusive, safe, resilient and sustainable;SDG-13- Take urgent action to combat climate change and its impacts. Thus, attainment of optimum health of the population is not the isolated responsibility of the ministry of health rather it requires collective action by other ministries considering health dimension in the policy and programmes.

The objective of the paper is to explore the level of inter-ministerial contribution and collaboration within and between for health; based on the content analysis of various recent annual reports and publications of each ministry for a deeper understanding of inter-sectoral and multisectoral collaboration and contribution at all stages for health. It also attempts to identify the strength, weakness and disparity which need to be tackled between the concerned ministries for improving and suggesting strategies for the sustainable development of health in country.

Findings

India's Target, Ministries and Schemes for SDGs of Health

In line with the global attempt to achieve the sustainable development goals, India is set to achieve the 13 targets of various health indicators by linking the Ministry of Health and Family welfare with 19 other Ministries/Departments through centrally-sponsored schemes/central sector schemes. Target-1:Reduce the global maternal mortality ratio to less than 70 per 100,000 live births by 2030. Target-2: 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 by 2030. The ministries involved for target1 and 2 are Health and Family Welfare, AYUSH, WCD, and Tribal Affairs. The Centrally-Sponsored scheme/Central Sector Schemes (CSS) approved are National Health Mission (NRHM/NHM) RCH Flexible Pool including Health System Strengthening, Routine Immunisation programme, Pulse Polio Immunisation Programme, National Iodine Deficiency Disorders Control Programme, National Urban Health Mission– Flexible Pool, Human Resources for Health and Medical Education, National AYUSH Mission, Umbrella ICDS, Pradhan Mantri Matru Vandana Yojana (PMMVY), Mission Indradhanush.

Target-3 focuses on ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, combat hepatitis, water-borne diseases and other communicable diseases by 2030. The ministries involved in this are Health and Family Welfare, AYUSH, Drinking Water and Sanitation, Housing and Urban Affairs, RD, Petroleum and Natural Gas, Food Processing Industries, Tribal Affairs. 12 Centrally-Sponsored

Schemes/Central Sector Schemes (CSS) are approved i.e. NHM- Flexible Pool for Communicable Diseases, National AIDS Control Programme, National AYUSH Mission, Swachh Bharat Mission (SBM)-Rural, National Rural Drinking Water programme, Atal Mission for Rejuvenation and Urban Transformation (AMRUT), Shyama Prasad Mukherjee RURBAN Mission, Pradhan Mantri Ujjwala Yojana, Pradhan Mantri Kisan SAMPADA Yojana, Special Central Assistance to Tribal Sub Scheme, Umbrella Programme for Development of Scheduled Tribes.

Target-4 aims at reducing premature mortality from non-communicable diseases through prevention and treatment to one-third by promoting mental health and wellbeing by 2030. To achieve the targets, six Centrally-Sponsored Schemes/Central Sector Schemes (CSS) are approved. These are NHM- Flexible Pool for Non-Communicable Diseases, Injury and Trauma, NHM-Human Resources for Health and Medical Education, NHM-Strengthening of State Drug Regulatory System, National AYUSH Mission, Special Central Assistance to Tribal Sub Scheme, Umbrella Programme for Development of Scheduled Tribes. Further, all these schemes are to be implemented by Health & FW, AYUSH, WCD and Tribal Affairs.

Target-5 focuses on strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. The ministries involved are Social Justice and Empowerment, AYUSH, Home Affairs and Health and FW. Three Centrally-Sponsored Schemes/Central Sector Schemes (CSS) have been approved. These are Scheme for Prevention of Alcoholism and Substance (Drugs) Abuse, National AYUSH Mission, Police Infrastructure (Narcotics Control Bureau, etc.)

Target-6 aims to halve the number of global deaths and injuries from road traffic accidents by 2030. The ministries identified and involved are Road Transport and Highways, Health and FW and AYUSH. To achieve the targets, three Centrally-Sponsored Schemes/Central Sector Schemes (CSS) are approved like Road Safety Schemes for publicity and awareness generation, NHARSS-National Highways Accident Relief Service Project, Institute of Driving Training and Research, etc. linking with the National Health Mission and National AYUSH Mission.

Target-7 focusses on ensuring universal access to sexual and reproductive healthcare services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030. The ministries involved are Health and FW, Ayush, WCD. The Centrally-Sponsored Schemes/Central Sector Schemes (CSS) approved are National Health Mission (RCH Flexible Pool), National AYUSH Mission and Umbrella ICDS.

Target-8 aims at achieving 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. All these will be taken care through the Centrally-Sponsored Schemes/Central Sector Schemes (CSS) like National Health Protection Scheme (Ayushman Bharat), National Health Mission (RCH Flexible Pool, Flexible Pool for communicable diseases and Flexible Pool for non-communicable diseases), National AIDS Control Programme, medical treatment of CGHS pensioners (PORB), NHM-Human Resources for Health and Medical Education, National AYUSH Mission, Umbrella ICDS, Umbrella Programme for Development of STs and Minorities, Umbrella Programme for Development of Minorities including Development of Minorities- Multi Sectoral Development Programme for Minorities (MSDP), Jan Aushadhi Scheme. The ministries identified are Health & FW, AYUSH, WCD, Tribal Affairs, Minority Affairs, Chemicals and Fertilizers

Target-9 focusses on substantially reducing the number of deaths and illnesses from hazardous chemicals, air, water and soil pollution and contamination by 2030. The ministries identified are MoEF&CC, Housing and Urban Affairs, Water Resources, River Development and Ganga Rejuvenation, Shipping, Health and FW, AYUSH. The Centrally-Sponsored Schemes/Central Sector Schemes (CSS) listed to manage are Environment Protection, Management and Sustainable Development (Pollution Abatement), Decision Support conservation skills and System for Environmental Policy, Planning and Outcome Evaluation, Urban Transport including Metro Projects, UT Planning Scheme and Capacity Building, National River Conservation Programme, Research and Development and Implementation of National Water Mission, Development of Major and Minor Ports.

Target-10 aims at strengthening the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate. The Centrally-Sponsored Schemes/Central Sector Schemes (CSS) is the National Tobacco Control Programme. The ministries identified are Health and FW, AYUSH.

Target-11 focusses on supporting the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, providing access to affordable essential medicines and vaccines, in accordance with the Doha Declaration. The TRIPS Agreement and Public Health affirms the right of developing countries to use the provisions in the Agreement on Trade-Related aspects of Intellectual Property Rights and flexibilities to protect public health, and providing access to medicines for all. The ministries identified are Health and FW, AYUSH, Science and Technology, Chemicals and Fertilizers and Commerce. The Centrally-Sponsored Schemes/Central Sector Schemes (CSS) listed are National Health Mission, setting up of a network of laboratories for managing epidemics and national calamities, development of infrastructure for promotion of health research, National AYUSH Mission and allied schemes related to pharmaceuticals innovation, Technology Development and Deployment, Biotechnology Research and Development, National Institutes of Pharmaceutical Education and Research (NIPERs).

Target-12 aims at substantially increasing the health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in the least developed countries and small island developing States. The Centrally-Sponsored Schemes/Central Sector Schemes (CSS) identified areNHM, Human Resources for Health and Medical Education, Human Resource and Capacity Development, Umbrella ICDS. The ministries involved are Health and FW, WCD and AYUSH.

Target-13 focusses on strengthening the capacity of all the countries, particularly developing countries, for early warning, risk reduction and management of national and global health risks. The ministries involved are Health and FW and AYUSH.

Thus, in tune with the SDGs for health, it was realized and considered that achievement of optimum health is the responsibility of all the Government departments. Hitherto, there is a need for a '*sub-department of health*' in all the Ministries for health impact assessment of the policies and other initiatives of all the Ministries right from the conceptual stages. This was also stated by the Union Minister of Health and Family Welfare (2019) over the MoU signing ceremony between National AIDS Control Organisation (NACO) under the Ministry of Health and Family Welfare and Department of Social Justice and Empowerment (DoSJE) under the Ministry of Social Justice and Empowerment (MoSJE).

Role of Various Ministries for Health

Ministry of Social Justice and Empowerment (MoSJ&E): The MOU with MoSJ&E entrusts in developing specific strategies and action plan for HIV and AIDS prevention, mechanism for drug addiction treatment and extending social protection schemes to the vulnerable population. It emphasizes developing human resources and capacity building for strengthening the service delivery mechanism for HIV and AIDS prevention, drug addiction treatment and reference services by the National AIDS Control programme and department of Social Justice and Empowerment.

Through this MoU, the services of various institutes under the DoSJE such as the National Centre for Drug Abuse Prevention (NCDAP), National Institute of Social Defence (NISD), Integration Rehabilitation Centres for Addicts (IRCA) will be leveraged for execution of activities laid out in the MoU. As per the MoU, the MoSJ&E also observes *Swachta Pakhwara* in which a free health and eye medical checkup camp and distribution of reading glasses for the benefit of Bagri Lohar DNT Community was done. Further, the NSKFDC organized Health Camps for the manual scavengers and sanitation workers and their family members, conducted Recognition of Prior Learning (RPL) training programmes and provided One Time Cash Assistance (OTCA) to the identified Manual Scavengers. It also observes Composite Awareness Programme including free medical health checkup camps. During the programme, the schemes of MoSJ&E as well as Apex Corporations were publicized and scheme pamphlets were distributed. These camps were organized on a pan India basis. Further, under the Dr. Ambedkar Medical Aid Scheme, cent per cent financial aid is provided to the poor SC and ST patients, whose annual family income is less than three lakh rupees and who are required to undergo surgery of kidney, heart, liver, cancer, brain or any other life-threatening diseases which require surgery including organ transplant and spinal surgery. The estimated cost of the treatment is released directly (crossed cheque/DD) to the concerned hospital, with a maximum ceiling limit set in each case. The MoSJ&E is also involved in promoting preventive health care, sanitation and education by organizing activities like: (i) Intervention in Aspiration District of Mewat (state Haryana): by sanctioning a CSR Project towards improving the access to Health Care Services through Mobile Van for vulnerable children, youth and community from the backward district; (ii) Provision of Sanitary Napkin Vending Machine and Incinerator Machines in educational institutions in Madhya Pradesh and West; (iii) Counselling programme for maintaining menstrual hygiene; (iv) Promoting Health Care and Sanitation to persons affected by floods in Kerala; (v) Provision of Toilets in a school in Haryana; and (vi) Free Medical and Eye Check-up Camps and School-focussed camps providing treatment of dental filling, anaemia and distance spectacles to school children.

Further, in line with the National Policy on Older Persons as proposed under the Finance Act (2015), Senior Citizens Welfare Fund for the promotion of the welfare of senior citizens including schemes for promoting financial security, healthcare and nutrition of senior citizens, welfare of elderly widows, schemes relating to Old Age Homes, Short Stay Homes and Day Care of senior citizens, etc. are being developed. A National Action Plan for Drug Demand Reduction (NAPDDR) for 2018-2025 is being prepared also. Under the IT Initiatives, during the year 2018-19, a Web Portal for Pradhan Mantri Adarsh Gram Yojana MIS (PMAGY-MIS) was developed for the integrated development of SC-majority villages. It aims at improving 50 monitorable indicators in 10 domains such as water and sanitation; education; health and family welfare, etc. Introduced Pre-Matric Scholarship to the Children of those engaged in occupations involving cleaning and prone to health hazards.

Ministry of Minority Affairs: This Ministry is looking after the health component of the minorities. Under the National Health Mission, the Ministry of Minority Affairs in coordination with the Department of Health

and Family Welfare, created more than 83,445 health facilities. Each health facility caters to a lakh population in 235 minority-concentration districts. It developed a comprehensive programme of Skill Development amongst the Muslims through an inter-ministerial group including Health and Family Welfare. It recommended State Governments and UTs to consider posting of Muslim health personnel for providing services in Muslim-concentrated areas. The Ministry of Health and Family Welfare delegated to issue appropriate guidelines and Department of Personnel & Training (DoPT) will be the nodal department for monitoring. Further, it stressed on the dissemination of information on Health and Family Welfare schemes in Urdu and regional languages in districts, blocks and towns having a substantial minority population. A basket of choices in contraception will also be made available along with ensuring easy access to such services by the MoHFW. As per the Haj Committee Act (2002), a separate Division in the Ministry headed by the Joint Secretary (Haj) has been set up to look after the Haj affairs. The Ministry manages the Haj work in coordination with the Ministry of External Affairs, Ministry of Civil Aviation, Ministry of Health, Haj Committee of India (HCoI) and the Consulate General of India (CGI), Jeddah, Kingdom of Saudi Arabia.

This ministry introduced the *Jiyo Parsi* scheme for addressing the population decline of Parsis in India and released funds to Parzor Foundation for medical assistance, advocacy and addressing the health issues of the community. It initiated the *Nai Roshni* scheme for leadership development amongst the minority women. Through a six-day (five-day for residential) sensitization programme followed by handholding for a period of one year. The ministry has developed specific training modules covering issues on Leadership of Women through participation in decision making, Educational Programmes for women, Health and Hygiene, Legal rights of women, Financial Literacy, Digital Literacy, Swachh Bharat, Life Skills, and Advocacy for Social and Behavioural change. Further, it introduced the *Pradhan Mantri Jan Vikas Karyakram* (PMJVK) for carrying out projects like construction and up-gradation of Primary Health Centres (PHCs), Health Sub-Centres, drinking water supply projects, and other social development work, etc.

Ministry of Women and Child Development (MWCD): The nodal responsibility of this ministry is to advance the rights and concerns of the women and children who together constitute 67.7 per cent of the country's population (Census 2011). The prime intention of this ministry is to address the gaps in State action for women and children, promoting inter-ministerial and inter-sectoral convergence to create gender equitable and child-centric legislation, policies and programmes. This ministry has linkages with the health department either directly or indirectly with different health schemes like Anganwadi Services Scheme, *Pradhan Mantri Matru Vandana Yojana*, National Creche Scheme, *POSHAN Abhiyaan*, Scheme for Adolescent Girls, Child Protection Scheme, *Mahila E-Haat*, Family Counselling Centre Scheme, Grant-in-Aid for Research, Publication and Monitoring, Gender Budgeting Scheme, Nutrition Education and Training through Community Food & Nutrition Extension Units (CFNEUS). The National Institute of Public Cooperation and Child Development (NIPCCD) under the *Beti Bachao Beti Padhao* scheme (BBBP), provides information and training for better inter-sectoral and inter-institutional convergence at district/block/grass-root level. It orients the trainers about planning process of preparation of district action plan and advocacy campaign for social and behavioural change. The Food and Nutrition Board (FNB) is engaged in inter-sectoral coordination and follow up action on the National Nutrition Policy, National Plan of Action on Nutrition and policy matters related to nutrition.

Ministry of Home Affairs (MHA): The MHA in collaboration with Ministry of Environment and Forest involved in diversification of the forest land for creating dispensary/hospital. The Government has approved a centrally-sponsored scheme for road connectivity project for left wing extremist affected areas. The Department of Telecommunication is setting up mobile towers in these areas. Under the Border Area Development Programme, it provides funds to the states develop infrastructure for health. It has launched

the M-Aarogya App of Medical and Health Department; and IT Policy for Information and Technology Department. It has introduced *Annaprashan* under *POSHAN Maah* and *Annaprashan* Kit was provided to the Post-Natal Care (PNC) women and 6-month-old babies. In the UT of Dadra & Nagar Haveli, it has introduced “*Swabhimaan* Scheme”, which aims at improving the nutritional status of pregnant women, lactating mothers and out of school adolescent girls in the age group of 11—14 years who find it difficult to attend the Anganwadi Centres for obtaining supplementary nutrition. Under the *Aarogyam Sarvadha*, 15 acre of land in Sayli area has been acquired for setting up of a Medical College with a capacity of 150-medical seats. Under the Empowerment of Women Scheme, the rural women/girls are trained in the matters like family health, child care, nutrition, domestic and environmental sanitation, small saving, etc. at the Home Science College, Chandigarh. Further, free lab diagnostic and free radiological services to the patients through empanelled radiological centres are made available if they are referred by the Delhi Government Health Centres. The scheme of free treatment/surgery/diagnostic for general public, which cannot be provided at Delhi Government hospitals, are being provided through identified private hospitals for which payment is released through Delhi Arogya Kosh. Further, financial assistance is provided through Delhi Arogya Kosh for free treatment of Medico-legal victims of road accident, acid attack and thermal burn injury in identified private hospitals/nursing homes. To reduce the response time in congested areas and J.J clusters, it has initiated a pilot project for induction of First Responder Vehicles (FRVs).

The MHA has launched the “*Ayushman Bharat* Scheme” in the UT of Daman & Diu and celebrated the “*Ayushman Bharat Day*” during the *Gram Swaraj Abhiyan*. *Ayushman Bharat* helps the poor people in getting treatment in various hospitals by providing a health insurance up to rupees 5.00 lakh per family. The public health services are being provided through the network in the UT of Dadra and Nagar Haveli. Free of cost curative, preventive, rehabilitative and supportive health care services are provided across the islands through a well-developed Government health infrastructure. Under the MOU with Puducherry Cancer Trust Hospital, radiotherapy and chemotherapy medical treatment are made available to cancer patients. During the National Breast-Feeding Week, emphasis was laid on donating breast milk. Periodical audit of still birth and caesarean has been initiated on a monthly basis.

Further, the UT of Lakshadweep (UTL) has been declared Open Defecation Free (ODF). Cloth bags have been distributed to all the households in the islands to replace the use of plastic bags for behavioural change. It has ensured accessibility to toilets in all households in Lakshadweep. All the public places like the Mosques, Madaras and Temples are provided toilet facilities under the CSR funds of Shipping Corporation of India; and Mumbai and Cochin Shipyard, Kochi. The UTL administration transports non-biodegradable resource materials for recycling to the Swachh Recovery Center, Kochi. The UTL conducted massive sanitation campaign “*Swachhata Hi Seva*-(SHS-2018); and Lakshadweep *Swachh Surveksan Grameen*-2018 (LSSG- 2018) was observed. One of the main components of the SHS-2018 was the mass *Shramadan* Programme in which entire UTL was cleaned by involving people from all walks of life.

The UTL administration has signed an MoU with the National Health Agency, GoI, to implement the *Ayushman Bharat*(Health Insurance Scheme) as part of the National Health Insurance Mission. The UTL administration has extended the existing health Insurance Scheme to incorporate *Antyodaya Anna Yojana* (AAY)/Priority House Hold (PHH) beneficiaries. A 20-bedded Deen Dayal Upadhyaya AYUSH Hospital has been established in the capital island Kavaratti. Under the “*Rashtriya Vayoshri Yojana* (RVY),” the administration conducted a camp for distribution of Assisted Living Devices to senior citizens of BPL category. Under the Health and Sanitation programme, Chandigarh has been conferred with *Kayakalp* Award by the Union Health Minister for implementing the *Kayakalp* module. SKOCH Order of Merit Award (top 50 *Swasth Bharat* Projects in India) has been introduced for the innovations and best practices in 2018

in Night Vigil, Mobile Food, Testing Lab, *Pradhan Mantri Surakshit Matritv Abhiyan* (PMSMA), etc. Further, under the e-Governance initiative in NHM, e-Hospital Module has been implemented in four City Hospitals. 'TARRE ZAMEEN PAR'- A NIGHT VIGIL: a first of its kind initiative in the country to improve immunization has been implemented. In this, the teams shall be sent to the areas to vaccinate the children of homeless/nomads/rag pickers/beggars, etc.) during the National Immunization Day. For strengthening medical facilities for the personnel of CAPFs; it is visualized to have a Unit hospital at each CAPF with indoor facilities with the required number of health care personnel and equipment.

Ministry of Road Transport and Highways: This ministry contributed towards health by focusing on road traffic injuries which is the leading killer of people aged 5-29 years. The SDG 3.6 targets to decrease the number of road deaths and injuries by half by 2020 which can't be achieved without drastic action. In India, accidental injury is one of the leading causes of disability, mortality and morbidity; and road traffic crashes are one of the major causes. The Committee on Road Safety was of the view that the programmes to promote road safety should be developed and implemented using the public health approach, identifying the problem and the risks, identifying the appropriate interventions based on cost effectiveness, sustainability and culture specificity, and finally evaluating these interventions by the actual reduction in injuries and deaths.

The ministry considers that road safety is a multi-sectoral and multi-dimensional issue which includes health and hospital services for trauma cases (in post-crash scenario). Health departments are responsible for medical care of accident victims; insurance companies provide insurance cover and compensation. Ministry of Road Transport & Highways would provide 140 advanced life support ambulances to 140 identified State Government hospitals to be upgraded under the Ministry of Health and Family Welfare's Scheme 'establishment of an integrated network of Trauma Centers' along the Golden Quadrilateral, North-South and East-West Corridors of the National Highways.

Ministry of Water Resources, River Development and Ganga Rejuvenation: There is no direct link with health activities in this ministry.

Ministry of Jal Shakti: The ministry launched a special campaign "*Jal Shakti Abhiyan* (JSA)" so that citizens of the country become aware of water conservation. The '*Jal Shakti Abhiyan*' focuses on five aspects i.e., water conservation and rainwater harvesting, renovation of traditional and other water bodies, reuse of water and recharging of structures, watershed development, and intensive forestation. The conservation efforts will be supplemented by initiatives like developing block and district water conservation plans and '*krishi vigyan kendra melas*' to promote efficient water use for irrigation and better crop choices. In urban areas, plans with time-bound targets will be developed for waste water reuse for industrial and agricultural purposes. Plans will be developed for at least one urban water body for groundwater recharge in the block or the city. Scientists and IITs will also be mobilised at the national level to support the teams.

Ministry of AYUSH has developed various schemes like grant-in-aid for promotion of AYUSH intervention in public health initiatives, scheme for assistance to organisations (government / non-government non-profit) engaged in AYUSH education / drug development and research / clinical research, etc. For enhancing the health security of the rural community, grant-in-aid to non-profit/non-governmental AYUSH organisations/institutions are provided. Revitalization of local health traditions, midwifery practices, etc. are encouraged through extra mural research (EMR) in ayurveda, yoga and naturopathy, unani, siddha and homoeopathy. Acquisition, cataloging, digitization and publication of text books, promotion of information, education, and communication (IEC) in AYUSH, and development of AYUSH clusters have been

envisaged. Further, various activities were initiated by the ministry under SDGs-03 to ensure healthy lives and promote wellbeing for all by 2030. Some of the initiatives are like research projects on Reproductive and Child Health (RCH), protocol on Anti-Natal Care, pilot project in Tamil Nadu for delivering AYUSH services as part of the nutrition scheme for reduction in the infant and maternal mortality rates as well as anaemia among girls have been implemented. Yoga has been introduced in schools and celebration of International Yoga Day on 21 June every year to promote wellness and prevents psychosomatic disorders. Further, the AYUSH practitioners have been empowered through its research councils and National Institutes. A detailed strategy paper has been prepared on strengthening AYUSH on Nutrition and Diet Schedule, development of AYUSH clusters for an effective and sustainable strategy for competitiveness enhancement of MSMEs. Promotion of Information, Education, and Communication (IEC) in AYUSH for awareness among the members of the community about the efficacy of the AYUSH Systems, cost-effectiveness and the availability of herbs used for prevention and treatment of common ailments at their door steps have been given priority.

Ministry of Tribal Affairs (MTAs) introduced the scheme for the Development of Particularly Vulnerable Tribal Groups (PVTGs) for who have stagnant or diminishing population with low literacy level, still use pre-agricultural technology, and economically backward. It aims at protecting and improving their social indicators like livelihood, health, nutrition and education in order to lessen their vulnerability. For addressing the health service delivery gap; it has introduced programmes beyond the NHM such as provision of safe drinking water, land distribution, land development, social security, housing and habitat, connectivity (road and telecommunication), electricity supply, solar power with provision of maintenance, irrigation, urban development, culture, sports including traditional and tribal games and sports, other innovative activities for the comprehensive socio-economic development of PVTGs.

For improving their health status, emphasis has been given on the creation of special health centers for PVTGs beyond the National Health Mission (NHM) norms. Support to the existing institutions for manpower, medicines, equipment, buildings, the need to undertake health surveys of PVTGs including issuing health cards to them indicating their health status especially with respect to sickle-cell anaemia (100% screening), keeping aside the untied funds for emergency and specific needs, training for paramedics amongst the tribal people; promoting the use of treated mosquito nets to prevent malaria, composite fish culture to control mosquito growth and also to supplement protein for nutrition. Cent per cent health facility coverage of pregnant mothers and immunisation of children are taken care of in these programmes. The schemes/projects will be monitored by the Ministry in a continuous basis through various monitoring mechanisms like field visits by the State Government officials and Ministry officials by considering specific outcomes with respect to literacy, drop out, immunization, nutrition, income levels, employments, etc.

The Ministry is also responsible to draw up plans for the PVTGs involving reputed national level bodies, including industry associations, the concerned State Governments and other agencies. The MTAs' Conservation-cum-Development (CCD) Plan is a cent per cent Central-Sector Scheme. Under the Special Central Assistance (SCA) to tribal sub plan, 10-15 per cent of the money has been released to States/UT in one/two installment(s) to further the health of the tribal populace. Few expected outcomes under the CCD Plan are like enrolment rates in schools, reduction of dropout rates, increase in immunisation rates of infants, increase in health coverage of pregnant mothers, etc.

Ministry of Housing and Urban Affairs is involved in the health activities directly or indirectly under the Swachh Bharat Mission (Urban). Under this mission, it has identified two primary components- achieving

cent per cent open-defecation free status and scientific processing of solid waste in all the statutory towns in the country. The *Swachh Survekshan* has given rise to healthy competition between cities to become the 'cleanest' city. Under this, citizen feedback sort on cleanliness status and is an integral input for cities' rankings. Ministry also launched a 'Star Rating Protocol for garbage free cities' to motivate cities to achieve garbage free status and launched the ODF+ and ODF++ protocols, with a focus on sustaining ODF outcomes and achieving holistic sanitation. While ODF+ protocol focuses on O&M of community/public toilets by ensuring functionality and proper maintenance of CT/PTs for their continued usage, ODF++ focuses on addressing safe management of fecal sludge from toilets, and ensuring that no untreated sludge is discharged into open drains, water bodies or in the open. MoHUA has a Central Public Health and Environmental Engineering Organisation (CPHEEO). Water supply and sanitation including Solid Waste Management being a State subject, the State Governments/Union Territories and Urban Local Bodies are responsible for planning, designing, implementing, operating and maintaining these. The Ministry of Housing and Urban Affairs is responsible for formulation of policies and programmes and assisting the States for technical guidelines/financial support. Further, the ministry developed National Urban Sanitation Policy for Urban Sanitation in India. According to the Annual Report 2018-'19, the MoHUA does not show any inter-sectoral co-ordination with MoHFW and no committee formation is also reported.

Discussion

To bridge equality with development initiatives, each ministry has incorporated various health associated programmes and schemes with allocated funds. According to the National Health Policy, each ministry has to consider health in all policies. Thus, the assessment of recent activities of each ministry revealed that all the ministries have tried to incorporate health dimension in their policies and programmes; and introduced various schemes. But, more coordinated efforts between the ministries are required for optimum quality of health and wellbeing within the stipulated time frame. Thus, for the country to attain sustainable development for health, requires strong actions with well-defined strategies for mutual cooperation and collaboration between all the ministries and departments at all stages of resources allocation and programme implementation. Kim et. al. reported that convergence of sectoral programmes is important for scaling up essential maternal and child health, and nutrition interventions. These interventions are implemented by two government programmes designed to work together- Integrated Child Development Services (ICDS) and National Rural Health Mission (NRHM). But, it was found that there is limited understanding of the nature and extent of coordination in place, and needed at the various administrative levels. How inter-sectoral convergence and the factors influencing convergence in policy in nutrition programming are operationalized between ICDS and NRHM from the state to village levels in Odisha has been examined. It was observed that there was a close collaboration at the state level in developing guidelines, planning, and reviewing programmes, facilitated by a shared motivation and recognized leadership for coordination. However, the health department was perceived to drive the agenda but different priorities and little data sharing presented challenges. At the district level, it was seen that there were joint planning and review meetings, trainings, and data sharing but poor participation in the inter-sectoral meetings and limited supervision. While the block level is the hub for planning and supervision, cooperation is limited by the lack of guidelines for coordination, heavy workload, inadequate resources, and poor communication. Strong collaboration among flaws was facilitated by close interpersonal communication and mutual understanding of roles and responsibilities. The study suggested that congruent or shared priorities and regularity of actions between sectors across all levels will likely to improve the quality of coordination. Clear roles, leadership and accountability are also imperative. As convergence is a means to achieve effective coverage and delivery of services for improved maternal and child health; and nutrition, focus should be on delivering all the essential services to the mother-child dyads through

mechanisms that facilitate a continuum of care approach rather than sectorally-driven, service-specific delivery processes.

Further, idealistic SD for health can be linked to Strategies and Global Action Plan adopted by the World Health Assembly. It involves covering the national health concerns and also majority of the international programmes. Any approach to national health development focussing on individual programme initiated by different ministries in isolation will be counterproductive leading to fragmentation and competition that has been observed previously. It fails to address many cross-cutting issues that do not fit into the programme areas. The emphasis on Universal Health Coverage (UHC) making it central to the overall health goals under the SDGs is crucial for the health sector to overcome all these challenges.

The SDGs are based on the principle of “integration and indivisibility” - that is progress in one area depends upon the progress in many other areas. Translating this idea into a practical action is one of the challenges of this new agenda. To address health issues, a purposeful action is required to influence governance in many policy areas leading to achieve health sector goals. The health of the people is not only dependant on the health sector but also impacted by other issues such as transportation, housing, agriculture, safe drinking water and sanitation, clean environment, housing, trade and foreign policies, information and communication, etc. To address the multi-sectoral nature of the health determinants, the health sector should strongly promote 'health in all policy'- an approach to public policy sector that it automatically takes into account the health implications decisions, making synergies, and avoid harmful health impact. In order to improve population and health equity, and address the social determinants of health; the target in other ministries/sectors goals should be given special attention in designing and implementing policies. Further, there is a need to monitor the individual targets to address the cross-cutting approaches to the health challenges. Robust and reliable monitoring of progress and performance are important for all the major health programmes with the set of indicator proposed for the set targets by each ministry for maximization of health with pooled minimum resources.

Under the MDGs, India was able to make remarkable progress. Hundred million people have been lifted out of poverty, under-five child mortality rate has been dropped by 61 per cent from 125 death per 1000 live births in 1990 to 49 in 2013; maternal mortality ratio dropped by 70 per cent from 560 to 167 during 2011-'13. The country has been successful in combating HIV, tuberculosis and malaria. The HIV prevalence among the pregnant women aged 15—24 years have declined, and malaria incidents have also come down. Deaths due to TB have been nearly halved. The SD for health provides new opportunity to strengthen the inter-sectoral governance for health based. Much of the attention on governance for health has been focussed on global issues but the SDG declaration underlines the importance of governance for health at the national and regional levels. The integrated nature of the SDGs agenda presents opportunities for new approach to the earlier problem but also present challenges to address regional disparities covering different ministries/sectors. Consecutively, to achieve the universal health coverage goal, the health system needs to be strengthened and made adaptive to the emerging health priorities associated with demographic and epidemiology transition, technologies development and meeting the changing public expectations.

The country had initiated certain specific programmes for the achievement of the SDGs focusing on health and some of them in a mission mode by different ministries. There has been a general improvement in the provision of Healthcare infrastructure, human resource development but more was needed as could be seen from India's failure to reach many of the MDG targets and the status of peoples' health in the country

is still way below the world average. This raises questions about implementation strategies of these programmes.

The MDGs agenda and the country's National Health Programmes have contributed to the expansion of health system capacities but each state and union territory is at a different state of economic, social, democratic, political and health system achievement. The Gol and the states should deliberate and consider several essential but critical aspects like- how to integrate the SD for health agenda into the existing policies, programmes and plans, what additional strategies would be required within and outside the health sector for coordination, cooperation for collective impact, how could the needed additional resources be mobilized for collaboration for health, how to implement and monitor progress of different ministries on different targets made under collaboration, how to establish centre-state and inter-ministrial/inter-sectoral coordination and cooperation mechanism for this process of transition and managing the change for sustainability.

The country has to achieve the SDGs by 2030. It has to be tackled by coordinating and cooperating with other sectors like education and women empowerment, availability of clean drinking water, sanitation and hygiene, environmental protection, transportation and communication, etc. for collective impact. The SDGs have to be achieved if the country is to ensure quality health for all. Therefore, the India government has identified 19 ministries/departments which need to be collaborated and integrated leading to collective impact for human welfare. Studies have shown that under the inter-sectoral coordination for health, the major challenges identified included lack of clear directives and institutional support for collaboration, obstacles to monitoring, interdepartmental administrative challenges, differing perspectives on strategy among district and local leaders, community resistance and inaction, and intervention over-commitment. In spite of strongly addressing difference between different ministries for inter-sectoral coordination, Governments at the centre and state-level continue to implement more sectoral actions and inter-sectoral coordination to address health issues and challenges but coordinated broader efforts for radical changes need to be made to transform policy and programme into resulted-oriented achievable action.

Conclusion

The experience and achievements of MDGs highlighted that health cannot be achieved in isolation. Considering the above scenario, there is a need to review and assess the current inter-ministerial collaboration of governance to address health and its associated dimensions of development. This will also suggest strategies to overcome the problems faced by various ministries for inter-sectoral/multi-sectoral agreements. For making such inter-setoral/multi-sectoral collaboration meaningful and coherent; there is a need to explore and comprehend the current status of inter-ministerial collaboration. For Sustainable Development of Health and issues for future course of action; the multi-sectoral understanding of various health-linked developmental initiatives needs to be rebokod. The target in other sectors' goals can be considered to be health-related and should be given special attention in designing policies, planning and implementing the strategies to achieve the health goals and monitor its progress. Assessing and understanding all these dimensions will lead to scientific designing of more sectoral collaboration for health addressing the local and regional disparities.

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भारत में स्वास्थ्य का सतत विकास: जीवन की सर्वोच्च गुणवत्ता के लिए स्वास्थ्य एवं कल्याण हेतु एक अंतर-मंत्रालयीय योगदान

ए. एम. एलिजाबेथ*, जे.पी. शिवदासानी*, वंदना भट्टाचार्य*, परिमल पार्या*, किरण रंगारी*, सुभाष चंद*, बच्चू सिंह**, रमेश गंडोत्रा**, लखन लाल मीणा**, वाई.के. सिंघल**, रीता रानी**, मनीषा**, घनश्याम करोल**, वैशाली जायसवाल**, रेखा मीणा**, शेरीन राज टीपी**, एसपी सिंह**, संगीता मिश्रा**, भावना कथूरिया**, राज नारायण** तथा हर्षद ठाकुर***

अनुसंधान अधिकारी, ** सहायक अनुसंधान अधिकारी, *** निदेशक, राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान, मुनिरका, नई दिल्ली- 110067।

समीक्षक

प्रोफेसर एएम स्नान, पूर्व प्रोफेसर, राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान, नई दिल्ली।

प्रोफेसर संजय गुप्ता, प्रोफेसर, सामुदायिक स्वास्थ्य प्रशासन विभाग, राष्ट्रीय स्वास्थ्य एवं परिवार कल्याण संस्थान, मुनिरका, नई दिल्ली- 110067।

सारांश

भारत में सार्वजनिक स्वास्थ्य में महत्वपूर्ण उपलब्धि के सन्दर्भ में पिछले कुछ दशकों के दौरान आईएमआर, एमएमआर, टीएफआर जैसे स्वास्थ्य जनसांख्यिकीय संकेतकों में कमी और जीवन प्रत्याशा में दुगुनी वृद्धि दर्ज की गई है। लेकिन राज्यों में लोगों के स्वास्थ्य और स्वास्थ्य देखभाल प्रणाली का वर्गीकरण करते हुए समस्याओं की जटिलता और अन्यायपूर्ण प्रकृति के बीच उभरते विरोधाभास तथा उसे सार्थक ढंग से हल करने में परेशानी का सामना करना पड़ता है। जब भारत की तुलना समान आर्थिक स्तर वाले अन्य देशों से की जाती है, तब यहाँ के स्वास्थ्य परिणाम शून्य प्रतीत होते हैं। स्वास्थ्य की स्थिति में सुधार हेतु हमारे पिछले प्रयासों से पता चला है कि अर्थव्यवस्था, शिक्षा और सूचना, सामाजिक और पर्यावरण जैसे अन्य क्षेत्रों के विकास के बिना इष्टतम स्वास्थ्य के उद्देश्य को प्राप्त नहीं किया जा सकता है। अतः जीवन की गुणवत्ता के उद्देश्य को प्राप्त करने के लिए इसका अन्य विभागों के साथ गहन सहयोग होना आवश्यक है; और यह वांछनीय है कि प्रत्येक क्षेत्र को अपनी सार्वजनिक नीति और कार्यक्रम रणनीतियों में स्वास्थ्य-आयाम पर विचार करना चाहिए, जिसमें “कोई भी पीछे न छोटे”। इस प्रकार, इस पत्र का उद्देश्य स्वास्थ्य और इसके बीच अंतर-मंत्रालयीय योगदान और सहयोग के स्तर का पता लगाना है; यह शोध पत्र विभिन्न मंत्रालयों की वर्तमान वार्षिक रिपोर्ट और प्रकाशनों की सामग्री विश्लेषण के आधार पर लिखा गया है। इस पत्र का आशय स्वास्थ्य के लिए सभी चरणों में अंतर-क्षेत्रीय और बहु-क्षेत्रीय सहयोग और योगदान को गूढ़ता से समझना है; भारत में स्वास्थ्य के सतत विकास के लिए अपनी शक्तियों, कमियों तथा विषमताओं को पहचानकर सुधार एवं उचित रणनीति बनाने हेतु सुझाव की आवश्यकता है। अध्ययन में पाया गया कि अधिकांश मंत्रालयों ने अपनी नीति और कार्यक्रम में स्वास्थ्य आयामों को शामिल किया है। लेकिन देश को स्वास्थ्य के सतत विकास हेतु सभी मंत्रालयों और विभागों के बीच आपसी सहयोग एवं सहभागिता तथा निर्धारित समय अवधि में वांछित परिणाम हेतु संसाधनों के आवंटन से लेकर कार्यक्रम के आवंटन तक उचित रणनीतियों की आवश्यकता होगी।

मुख्य शब्द: सतत विकास, स्वास्थ्य, जीवन की गुणवत्ता, केंद्र प्रायोजित योजनाएं, एनएचएम, आयुष्म