World Health Day 2016 and SDG 3: Merging Global Opportunities For Health Care Professionals In India

The journey so far: How did we get here?

Alma-Ata Declaration, 1978: The global journey which began with the Alma-Ata Declaration in 1978, aimed at 'Health for All' by 2000, was coordinated by the United Nations. The objective was not achieved despite increased financial investments in the health sector. This led world leaders to develop the Millennium Development Goals in 1999.

Figure 1: Millennium Development Goals (2000-2015): *The Millennium Development Goals (MDGs) were focused on four health issues (MDG 4, 5, 6 and 8E) and four social determinants of health, with a 15 year period in which to achieve these goals. Despite the improved goals, targets and monitoring mechanisms, the eventual achievements for most were below the targets.*

Figure 2: Sustainable Development Goals (2016-2030): *We have now embarked on a new phase of this journey with the introduction of the Sustainable Development Goals (SDGs) in 2016, which includes other aspects of human development, with a particular emphasis on environmental and economic sustainability.*

Why is SDG 3 important for health care professionals?

SDG 3 encompasses Health and Well-Being, and addresses pressing issues in current global health. From curbing the epidemic proportions of Non-Communicable Diseases (NCDs) to maternal and child health in all countries, the targets are set to be achieved by 2030. Details available at: http://www.who.int/healthinfo/indicators/hsi_indicators_sdg_targetindicators_draft.pdf

Through these targets for SDG 3 Health Care Professionals (HCP) have excellent opportunities to work between the social and medical spheres, to maintain the current health successes and ensure that the health challenges in the country are adequately addressed. The diagram below shows how multi-faceted health and well-being is, as it affects every other SDG's progress.

What did India achieve with the health related MDGs between 2000 and 2015?

Fifteen years of focused efforts in working towards the MDGs has resulted in the following progress in the country.

Figure 3: Interconnectness of SDGs and with SDG 3 focussed on health

Table 1: Achievements in the Selected Millennium Development Goals (MDGs)

Indicators	Target	India	
		Base line*	Latest**
Under-five mortality rate (per 1000 live births)	Reduce by two thirds, between 1990 and 2015	126	53 (42)
Maternal mortality ratio (per 100 000 live births)	Reduce by three quarters, between 1990 and 2015	560	190 (140)
Deaths due to HIV/AIDS (per 100 000 population)	Begun to reverse the spread of HIV/AIDS Have halted by 2015	10.5	10.9
Deaths due to malaria (per 100 000 population)	begun to reverse the incidence of malaria and other major diseases	3.5	2.3
Deaths due to tuberculosis among HIV-negative people (per 100 000 population)		39	19

*Note: Figures in the parenthesis represent targets. *1990 for under-five mortality and maternal mortality; 2000 for other indicators **2012 for deaths due to Percent reduction in under-five mortality rate, 1990–2015 HIV/AIDS and malaria; 2013 for other indicators.*
Source: WHO - Global Health Observatory (http://www.who.int/gho/en/ Last updated: January 2015)

What are India's challenges with respect to development indicators?

India's development indicators shown below also highlight some of its special challenges:

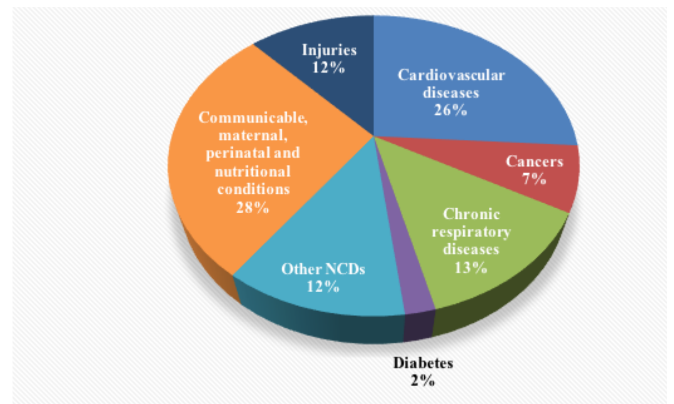
Table 2: Development Indicators for India

World Bank Classification	Lower Middle Income
Human Development Index- Rank and Category	130; Medium Developed
Gross national income (GNI) Per Capita (2011 PPP $), 2014	5,497
Gini coefficient (2003-2012)	33.6
Gender Inequality Index Rank and Value, 2013	130; 0.563
Population in Millions, 2014	**1,267**
Projected Population for 2030 (in Millions)	1,476
Under age 5 (2014)	9.63%
Ages 6 -15	19.09%
Ages 15–64 (2014)	65.92%
Ages 65 and older (2014)	5.36%
Urban Population (in %) 2014	32.4%
Life expectancy at birth (in years) 2014	68
Healthy life expectancy at birth (in years) 2013	58
Population below National Poverty Line (2013)	**21.9%**
Mean years of schooling , 2014 Male Female	 7.2 3.6
Labour force participation Rate (% ages 15 and older), 2013 (%) All Male Female	 54.2 79.9 27.0

Source: Compiled from data of The World Bank 2015; UNDP 2015; UNESCO 2015

India faces a triple burden of diseases with the epidemic increase in Non-Communicable Diseases (NCDs) being the most prominent.

Figure 4: Proportionate Mortality by Causes in India, 2012



As a signatory of several global initiatives with the United Nations, India progresses in identifying and achieving its commitments for the prevention and control of NCDs. One of the latest was the first WHO Global Meeting of National NCD Programme Directors and Managers in February 2016 (http://www.who.int/ncds/media/ncd-focal-points-report/en/)

Table 3: Progress achieved in the implementation of National Commitments for Prevention and Control of NCDs in India

Sr. No.	Progress Monitoring Indicator	Progress
	By 2015, consider setting national NCD targets for 2025:	
1	Has set time-bound National NCD targets and indicators based on WHO guidance	FA
2	Has a functioning system for generating reliable cause-specific Mortality data on a routine basis	PA
3	Risk factor surveys every 5 years	PA
4	Has National integrated NCD policy/strategy/action plans to achieve the national targets by 2025:	* FA
	By 2016, reduce risk factors for NCDs, building on guidance set out in the WHO global NCD Action Plan:	
5	Has implemented Tobacco demand-reduction measures at the highest level of achievement:	
a.	Reduce affordability of tobacco products by increasing tobacco excise taxes	NA
b.	Smoke-free policies	PA
c.	Health warnings	NA
d.	Advertising bans	PA
6	Harmful use of alcohol reduction measures:	
a.	Commercial and public availability regulations	PA
b.	Advertising and promotion bans	PA
c.	Pricing policies such as excise tax increases on alcoholic beverages	PA
7	Implemented Unhealthy diet reduction measures:	
a.	Adopted national policies to reduce population salt/sodium consumption	FA
b.	Adopted national policies that limit saturated fatty acids and trans-fats and virtually eliminate industrially produced trans fatty acids in the food supply	*FA
c.	WHO set of recommendations on marketing of foods and non-alcoholic beverages to children	FA
d.	Legislation /regulations fully implementing the International Code of Marketing of Breast-milk Substitutes	FA
8	Has implemented at least one recent national public awareness programme on diet and/or physical activity	FA
	By 2016, strengthen health systems to address NCDs through people centered primary health care and universal health coverage, building on guidance set out in WHO Global NCD Action Plan:	
9	Has Guidelines for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities	FA
10	Has provision of Drug therapy/counselling for high risk persons with emphasis on the primary care level	NA

*NA = not achieved PA = partially achieved FA = fully achieved DNA = documentation not available * = data not validated by WHO before publication.*
Source: World Health Organization - NCD Progress Monitor, 2015.

Where do the SDG 3 and the World Health Day 2016 converge?

The change to a fast paced lifestyle fuelled by processed food high in salt, fat and sugar; and over-convenience leading to reduced physical activity; increased use of alcohol and tobacco have set off a series of triggers which are affecting the human population over time. The stress and environmental triggers are the foundation for the epidemic increases in NCDs, which threaten India's future in being unable to maintain positive health indicators. As HCPs, it is important to understand the role we play in order for the country to function efficiently and achieve sustainable socio-economic development. Human resource is the most potent ingredient for a nation's success. It is a resource which depends on reliable healthcare infrastructure and effective policies for a healthy nation.

The 2011 UN Political Declaration for NCDs:

This link (http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf), guides the action to be taken by all Member States. In this regard, HCPs in India have the chance to become better adapted to combat the continued rise of NCDs in the country where disease prevention and health promotion are the new focus, as well as the way forward, to achieve SDG 3 goals and targets. A multidisciplinary collaborative team of health care professionals is essential to move towards a healthier India.

The World Health Organisation dedicates this year's World Health Day (April 7th) to Diabetes (http://www.who.int/campaigns/world-health-day/2016/en/). This is incredibly relevant to India considering the triple burden of diseases the country faces.

What is the way forward?

The current challenges of this triple burden of diseases in India are also the platform for the HCPs to develop their skills. The traditional "disease-diagnose-drug-dispense" biomedical model is ill-suited in responding to the current NCD challenges. The emerging infectious diseases each with a complex set of challenges, also results from a lack of sufficient HCPs in the rural public sector health care systems. Therefore, the inevitable shift to the better suited "disease-prevention-health-promotion" model is necessary to work towards SDG 3 goals and targets.

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