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MDGs to SDGs: Lessons for UHC for India

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ABSTRACT

This commentary analyses the Sustainable Development Goals (SDGs) and Universal Health Care (UHC) in the global and Indian context. It puts forth the concept of smart development goals (sdg's) relevant to India as a priority. The smart development goals are the cost effective strategies identified through economic evaluation techniques and can be a starting point for India to progress towards UHC and SDGs.

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Global commitments, like the earth, seem to be moving in a circle. First, we had the Alma Ata declaration of 1978 with one goal – Health For All (HFA), 12 global targets and 19 indicators, which India committed to, but did not achieve. Then, the Millennium Development Goals (MDGs) were created with 8 goals, 18 targets and 48 indicators, which still remain a pipe-dream for India. And now, we have the Sustainable Development Goals (SDGs) with 17 goals, 169 targets and the number of indicators yet to be finalized. So, the big question remains that when India could not reach the previous relatively less ambitious targets of HFA and MDGs, how can we achieve universal healthcare and the SDGs targets? I foresee three problems with the SDGs:

1) Practicality: The SDGs have been created as a legally binding document unlike the MDGs. Such a legally binding document maybe a master piece in international diplomacy but falls short in recognizing practical difficulties in implementation. Hence, legally binding documents are often ignored by countries due to the lack of effective enforcement mechanisms.
2) Time consuming: It took almost three years to get the right globally acceptable wording inserted in the SDGs document. This leaves relatively less time to achieve the targets. Infact the indicators for the SDG targets are still being debated and a consensus is yet to be reached.
3) No intermediate targets: Politicians in power typically look for results within short time periods (e.g. five years) because after that period they are unsure of being re-elected. However, the SDGs do not have short-term targets and most of the targets are for 15 years, which is too long a period in a politician's career. The SDGs have missed an opportunity to incentivize the politician and create an impetus for the much needed political will required for such endeavours.

Universal Health Care (UHC) is a very important goal in the SDGs but is affected by the same set of issues highlighted above. In the above context and specifically for achievement of UHC in India, I propose a move from Sustainable Development Goals to Smart Development Goals (sdg's). The Copenhagen Consensus Centre[1] using economic evaluation as a tool has identified 19 out of 169 targets as the most cost-effective, giving four times the benefit. Nine of these 19 targets are directly

related to health. These are:

1. Lower chronic child malnutrition by 40%
2. Reduce malaria infection by half
3. Decrease tuberculosis deaths by 90%
4. Avoid 1.1 million HIV infections due to circumcision
5. Reduce early death from chronic diseases by one-third
6. Reduce newborn mortality by 70%
7. Increase immunizations to reduce child deaths by 25%
8. Make family planning available to everyone
9. Cut indoor air pollution by 20%

Keeping the Indian context in mind, I suggest that the above nine can be further modified into the following seven smart targets for achieving UHC in India:

1. Lowering child under-nutrition and chronic diseases
2. Reducing Malarial infections
3. Reducing Tuberculosis deaths
4. Reducing the newborn mortality rate
5. Increasing childhood immunizations
6. Increased access to family planning
7. Decreasing indoor air pollution

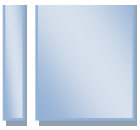
The reason for combining child under-nutrition and chronic diseases is because robust scientific evidence shows that childhood under-nutrition makes children more prone to diabetes and heart disease in adulthood. Hence, by addressing under-nutrition in children, we address the twin problems of nutritional deficiencies and Non-Communicable Diseases. Also, I have removed the target for HIV infection mentioned in the Copenhagen consensus centre because we have been able to significantly lower HIV infection and male circumcision (the strategy proposed) may not be socially and culturally acceptable in India.

There are no universal Standard Operating Procedures (SOPs) for achieving UHC in India. Health being a state subject in India, every state needs to develop its own SOP based on the local social, cultural, economic and political realities. However, the above smart targets can be a starting point for transforming the health agenda of implementing UHC and SDG's in India. It is noteworthy that the 2016 union budget[2] has a proposal to provide Liquefied Petroleum Gas (LPG) cylinders to rural households. If implemented properly, this would go a long way in decreasing the indoor air pollution due to biomass fuel which is a major problem in rural areas. Availability of generic medicines through the Jan Aushadhi drug stores envisaged in this Union budget would help bring down the out of pocket expenditure on medicines for drugs used for treating malaria and other chronic diseases like Non Communicable Diseases (NCDs).

Policies and programs should rely on robust data. However, while evidence and data generation is important, it is perhaps more important to convert these into actionable policies and programmes. Data generation for the sake of knowledge generation should not be the end point. Knowledge is only potential power unless converted to action. Hence, it is time for action to speak louder than words. In terms of immediate actionable strategies, I believe that the WIN strategy should be a starting point in India for achieving UHC. WIN stands for:
W: Women's education and empowerment
I: Infrastructure development in rural areas (roads, electricity, water supply, schools, etc.) to attract trained doctors, nurses, etc.
N– Nutrition, both in terms of quantum and quality of food.

There is a huge potential for the government, academia and private sector to actively engage with each other to achieve UHC and SDGs. Currently, major animosity exists between the government, academia, and private sector with each speaking their own language and in their own silos and for their own benefit. They are like three corners of a rigid triangle. If these three key groups come together and speak the same language with the people's interest being the paramount focus, the rigidity of the triangle is broken. It is then possible that the triangle will be converted into a ball and the ball will start rolling for UHC in India. This engagement has to be active, visionary and intensive, creating a win-win situation under the strong stewardship of the government.

Finally, Universal Health Care is not an outcome but a



journey, which will eventually lead us to Health For All to ensure that every human being achieves the highest possible level of physical, mental, social and spiritual wellbeing.

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