S D G U e 0 s V a t e 1 a 1 s i 0 n p a m b n e t

Health & Wellbeing

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

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Rationale

- Over the last 15 years, the number of childhood deaths has been cut in half.
- ▶ This proves that it is possible to win the fight against almost every disease.
- Still, we are spending an astonishing amount of money and resources on treating illnesses that are surprisingly easy to prevent.
- The new goal for worldwide Good Health promotes healthy lifestyles, preventive measures and modern, efficient healthcare for everyone.

Why it is important

SDG-3

Adds years to life

Ensuring healthy lives and promoting wellbeing for all at all ages

Is associated with positive health behaviours in adults and children

Is associated with broader positive outcomes

Affects how staff and health care providers work

Has implications for treatment decisions and costs

Reduce the healthcare burden

Targets

- ► 3.1 REDUCE MATERNAL MORTALITY
- ► 3.2 END ALL PREVENTABLE DEATHS UNDER 5 YEARS OF AGE
- ► 3.3 FIGHT COMMUNICABLE DISEASES
- ► 3.4 REDUCE MORTALITY FROM NON-COMMUNICABLE DISEASES AND PROMOTE MENTAL HEALTH
- ► 3.5 PREVENT AND TREAT SUBSTANCE ABUSE
- ► 3.6 REDUCE ROAD INJURIES AND DEATHS
- ▶ 3.7 UNIVERSAL ACCESS TO SEXUAL & REPRODUCTIVE CARE, FAMILY PLANNING & EDUCATION
- ► 3.8 ACHIEVE UNIVERSAL HEALTH COVERAGE
- ► 3.9 REDUCE ILLNESSES AND DEATH FROM HAZARDOUS CHEMICALS AND POLLUTION
- ► 3.A IMPLEMENT THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL
- ► 3.B SUPPORT RESEARCH, DEVELOPMENT AND UNIVERSAL ACCESS TO AFFORDABLE VACCINES AND MEDICINES
- ► 3.C INCREASE HEALTH FINANCING AND SUPPORT HEALTH WORKFORCE IN DEVELOPING COUNTRIES
- ► 3.D IMPROVE EARLY WARNING SYSTEMS FOR GLOBAL HEALTH RISKS

Targets



REDUCE MATERNAL MORTALITY

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



END ALL PREVENTABLE DEATHS UNDER 5 YEARS OF AGE

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.

TARGET 3.3



FIGHT COMMUNICABLE DISEASES

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



REDUCE MORTALITY FROM NON-COMMUNICABLE DISEASES AND PROMOTE MENTAL HEALTH

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

Targets...



PREVENT AND TREAT SUBSTANCE ABUSE



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

TARGET 3.6



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

TARGET 3.7



UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE CARE, FAMILY PLANNING AND EDUCATION

By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

TARGET 3.8



ACHIEVE UNIVERSAL HEALTH COVERAGE

REDUCE ROAD INJURIES AND DEATHS

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.

Targets...



REDUCE ILLNESSES AND DEATH FROM HAZARDOUS Chemicals and Pollution

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

TARGET 3.A



IMPLEMENT THE WHO FRAMEWORK CONVENTION ON Tobacco Control

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



SUPPORT RESEARCH, DEVELOPMENT AND UNIVERSAL Access to Affordable vaccines and medicines

Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement



INCREASE HEALTH FINANCING AND SUPPORT HEALTH Workforce in Developing Countries

Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.

Targets...

TARGET 3.D

IMPROVE EARLY WARNING SYSTEMS FOR GLOBAL HEALTH RISKS

Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.



Inter dependency of other 16 Goals to achieve Goal#3



Goal-1 1 POVERTY

Healthcare costs can neutralize gains from income increases and poverty eradication schemes. National Health Protection Scheme intends to provide health insurance cover to poor households.

Welfare Departments, PR&RD, MAUD



Goal-2 2 ZERO SSS

India is home to 1/3rd of the world's stunted children. 38.4% of children under 5 years of age are stunted, and 21% are wasted. Malnutrition erodes the physical and mental health and wellbeing of children.

> Consumer Affairs, Food & Civil Supplies, Agriculture





For people to lead healthy lives, they need knowledge to prevent disease. Higher levels of education among mothers improves children's nutrition, and reduces child deaths, maternal mortality and HIV.

Education (Primary to Higher)



Goal-5 5 EQUALITY

Maternal Mortality Ratio of India has shown a decline from 212 in 2007-09 to 167 per 100,000 in 2011-13.

Women & Child Development



Goal-6 CLEAN WATER AND SANITATION

Every year, diarrhoea kills 188,000 children under five in India. Children weakened by frequent diarrhoea episodes are more vulnerable to malnutrition, stunting, and opportunistic infections such as pneumonia.

PR&RD (RWS) – MP; MA&UD



Goal-7

Indoor air pollution from traditional biomass usage is a prime cause of premature deaths, particularly among women and children.





Goal-8 DECENT WORK AND ECONOMIC GROWTH

In India, public expenditure on health as a share of the GDP (1.41%) is lower than the world average (5.99%) and sub-Saharan Africa (2.32%). Government has a target of increasing this.

Industries & Commerce, ITE&C





Innovation in health care industry and health care infrastructure is crux for achieving the Goal

Industries & Commerce, MAUD



Goal-10 Universal access to health care services is very important

10 REDUCED INEQUALITIES

Welfare Departments, PR&RD, MAUD



Goal-11 ^H

11 SUSTAINABLE CITIES AND COMMUNITIES



Half the global urban population breathes air that is 2.5 times more polluted than standards deemed acceptable by WHO. 600,000 people die of air pollution related diseases every year in India.

MA&UD



IND PRODUCTION

Goal-12 Unequal Consumption patterns leads nutrition issues in children and pregnant and lactating mothers...

Agriculture



Goal-13





Climate-related hazards and disasters are among the biggest threats to human health at present. Health needs to be protected from climate risks and promoted through lowcarbon development.

Environment, Forest, Science & Technology



Goal-14 K 14 LIFE BELOW WATER

Need to maintain environmental ecosystem, bio-diversity to ensure good health and wellbeing.

Animal Husbandry



Goal-15



Healthy ecosystems are important for water regulation and supply. Forests are a critical source of food and livelihoods for millions of people, and therefore provide an important part of people's nutrition.

> Environment, Forest, Science and Technology



Goal-16 Violent conflicts across the world have a detrimental effect on mental health, as a direct or an indirect result of the violence.

Home, Law & Courts



Goal-17



Shared challenges like Covid, Ebola, HIV and avian flu can only be dealt with through transnational action and sharing knowledge and research across borders.

> Convergence in All the Departments, Planning

Telangana Performance

SDG-3 in Telangana



- Performance under Health Index: Telangana was ranked 3rd among the 19 larger states under NITI Aayog's Annual Health Index 2019-20.
- The Government has established 256 'Basti Dawakhanas' in urban slums that offer 53 different health services free of cost.
- This successful model is being replicated in rural areas by upgrading the HSCs to 'Palle Dawakhanas'; 573 HSCs have been upgraded so far.
- To create a digitized database of the vital health parameters of all individuals and to understand the unique disease profiles of different areas within the State, the Health Profile Scheme is being piloted in Mulugu and Rajanna Siricilla Districts.
- The Government has proposed to establish 5 Super Specialty Hospitals in the state.
- To strengthen the medical education in the state, the Government has proposed to establish new medical colleges in all the 33 districts.

Covid-19 Vaccination:

- 3,500 Government centres and 264 private centres are offering vaccinations across the state, and a total of 10,000 vaccinators and 35,000 staff are involved in the vaccination process.
- Telangana has successfully achieved 100% coverage of the first dose of COVID-19 vaccination and 89% coverage of the second dose of vaccination in the 18+ age group (as of 09.2.2022).
- As of 9th February, 2022, 76% coverage has been achieved in the case of the first dose of vaccination in the age group 15-18 years.
- 3.60 lakh precautionary (booster) doses have been given to frontline workers and persons aged 60+ years (as of 09.2.2022).

Maternal & Child Care



- KCR Kit is one of the most successful schemes launched by the state Government in 2017 to ensure maternal and child health by promoting institutional deliveries. Under the scheme the mother is provided with financial assistance of ₹12,000 (₹13,000 for a girl child) to compensate for the loss of wages by the women during the pregnancy and postnatal period.
- Telangana experienced a fall in MMR (maternal deaths per 1,00,000 live births) from 92 in 2014 to 43 in 2019-20, a decrease of 53% during this period. Telangana has the 3rd lowest MMR among the 18 GS in India.
- According to the NFHS-4 in 2015-16 and NFHS-5 in 2019-20, IMR (infant deaths per 1,000 live births) in Telangana dropped from 27.7 to 26.4.
- Institutional births increased from 91.5% to 97% between NFHS-4 (2015-16) and NFHS-5 (2019-20), and births in government hospitals increased from 30.5% to 49.7% between the two survey periods.

- The vaccination rates of children in the age group of 12-23 months improved from 79.1% in 2015-16 to 87.4% 94.1% in 2019-20.
- A 24x7 helpline (181) for women in distress or women facing gender based violence is functional in collaboration with GVK-EMRI.
- Supplementary Nutrition Programme (SNP): The Government has allocated additional funding towards SNP for women and children registered at Anganwadi centres, serving over 22 lakh beneficiaires.
- The number of days that the beneficiaries receive supplementary nutrition has also increased from 25 days to 30 days as a result of the state's additional funding.
- Balamrutham: Each month, children above 7 months and under 3 years of age receive Balamrutham, a calorie-dense and nutritious weaning food manufactured by TS Foods.

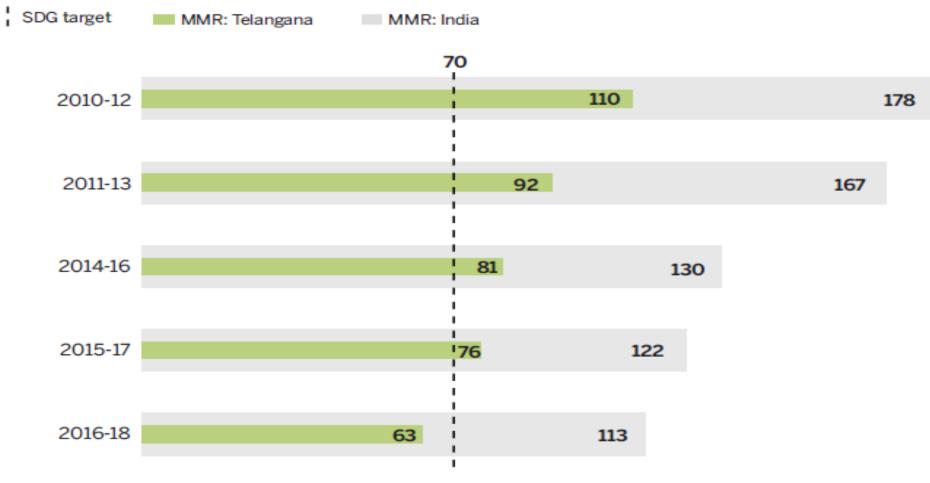
Increase in Institutional Deliveries (%) Impact of KCR Kit



Maternal Mortality Ratio (MMR)

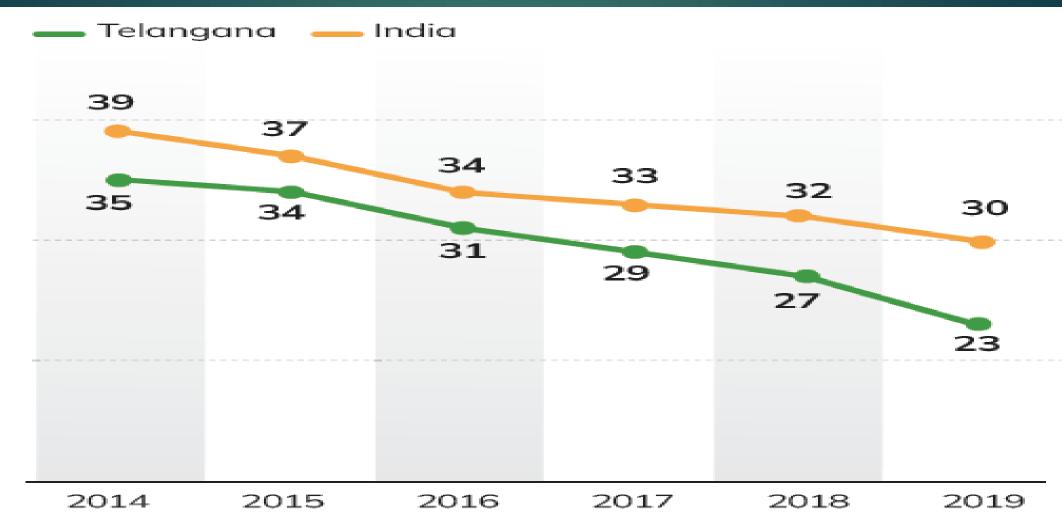
Maternal Mortality Ratio- India and Telangana (2010-18)

Maternal Mortality Ratio in Telangana has decreased significantly in recent years



Source: Sample Registration System

Infant Mortality Rate – India and Telangana (2014-2019)



Where there's no health, nothing can work well...

... Polícíes, development, economy... etc...

Covid Pandemic is the witness...!

Thank you