Achieving the Health Millennium Development Goals

SPEAKER:
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Achieving the Health Millennium Development Goals (MDGs) in India

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Planning Commission, Government of India
Adjunct Faculty, Public Health Foundation of India
In September 2000, Nations of the world adopted the **UN Millennium Declaration**

- To reduce extreme poverty
- Setting out a series of time-bound targets

**Deadline of 2015**
MDGs

Goal 1: Eradicate extreme poverty and hunger

Goal 2: Achieve universal primary education

Goal 3: Promote gender equality and empower women

Goal 4: Reduce child mortality

Goal 5: Improve maternal health

Goal 6: Combat HIV/AIDS, malaria and other diseases

Goal 7: Ensure environmental sustainability

Goal 8: Develop a Global Partnership for Development
## MDGs 4 and 5

### GOAL 4
Reduce by **two-thirds**, between 1990 and 2015, the **UNDER-FIVE MORTALITY RATE**

<table>
<thead>
<tr>
<th>Year</th>
<th>Base</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>118</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>39</td>
<td></td>
</tr>
</tbody>
</table>

*2011: Japan 3, UK 5, US 8, Thai 12, B’Desh 46 per 1000 live births*

### GOAL 5
Reduce by **three quarters**, between 1990 and 2015 the **MATERNAL MORTALITY RATIO**

<table>
<thead>
<tr>
<th>Year</th>
<th>Base</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>437</td>
<td>109</td>
</tr>
<tr>
<td>2016</td>
<td>39</td>
<td></td>
</tr>
</tbody>
</table>

*2008: US 21, UK 12, SL 35, Thailand 48 per 100 000 live births*
IMR Varies greatly across states (SRS 2012)

The 12th Five year Plan target for IMR is 25.
MMR Varies across states
Girls have 15% higher mortality
MDG 5 will be missed

Based on average annual rate of reduction (AARR) from 2002 to 2008

Maternal deaths per 100000 livebirths
MDG 4 will be difficult to achieve

Based on average annual rate of reduction (AARR) from 2008 to 2011
The first week (early) NMR is slow to change

Trends in IMR, NMR, ENMR, and LNMR
Mortality in the first week is unchanging
India’s Progress on MDG 4  

**Under Five Mortality Rate**

- **51.8% decline**
- **41.37% decline**

**Under five deaths in India:**
- **2.85 million** in 1990
- **1.45 million** in 2011

<table>
<thead>
<tr>
<th>Year</th>
<th>India (millions)</th>
<th>World* (millions)</th>
<th>India’s share (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>2.85</td>
<td>12.4</td>
<td>23</td>
</tr>
<tr>
<td>2011</td>
<td>1.46</td>
<td>6.9</td>
<td>21.2</td>
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</tbody>
</table>


India’s U5MR declined faster than the Global U5MR during 1990 to 2011. However, India’s share among global U5 deaths has remained almost same since 1990.
<table>
<thead>
<tr>
<th>Year</th>
<th>Global</th>
<th>India</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>320</td>
<td>437</td>
</tr>
<tr>
<td>2008</td>
<td>251</td>
<td>212</td>
</tr>
<tr>
<td>Decline</td>
<td>22%</td>
<td>52%</td>
</tr>
</tbody>
</table>
Neonatal infections 18%

CAUSES OF UNDER 5 CHILD DEATHS: INDIA (2010)

1. Pneumonia 24%
   - Neonatal pneumonia 8%
   - Neonatal sepsis 8%
   - Neonatal diarrhoea 2%
2. Prematurity 18%
3. Birth asphyxiation 10%
4. Malformations 4%
5. Other neonatal conditions 3%
6. Diarrhoea 11%
7. Measles 3%
8. Injury 3%
9. Other disorders 14%

Total under-five deaths in 2010 = 1.7 million
Bleeding, high BP and infections are the main causes of maternal deaths.
India has the highest number of child and maternal deaths for any single country.

**Maternal deaths**
- Global: 287,000
- India: 56,000

**Under 5 child deaths**
- Global: 7,600,000
- India: 1,580,000

~20%

World’s MDGs 4 and 5 depend on India’s success!
• Too many children and women continue to die in India prematurely
• It does not commensurate with India’s stature, capability and image
What can the private sector do?
Health workforce development

- Training and skills development of nurses, doctors, pharmacists
- Unique opportunity

- Tele-education
- E learning
- Skills laboratories
- Public health training programs
Service delivery

• Create facilities / community-based programmes
  – Defined populations, especially underserved
• Private health sector connect reaches the poor families
  – Contract in
  – Vouchers
  – Insurance
• Focus on marginalized communities / girls
• Mobile care / labs
• Ambulances
Allocation of HPDs for RMNCH+A roll-out among DPs

<table>
<thead>
<tr>
<th>S.No</th>
<th>Agency Working</th>
<th>State</th>
<th>Total No. of Districts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>BMGF</td>
<td>BIHAR</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>BMGF</td>
<td>UTTAR PRADESH</td>
<td>19</td>
</tr>
<tr>
<td>3</td>
<td>DFID</td>
<td>MADHYA PRADESH</td>
<td>17</td>
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<tr>
<td>4</td>
<td>DFID</td>
<td>ODISHA</td>
<td>8</td>
</tr>
<tr>
<td>5</td>
<td>NIPI</td>
<td>JAMMU &amp; KASHMIR</td>
<td>6</td>
</tr>
<tr>
<td>6</td>
<td>TMSA</td>
<td>PONDICHERY</td>
<td>1</td>
</tr>
<tr>
<td>7</td>
<td>TMSA</td>
<td>SIKKIM</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>UNFPA</td>
<td>RAJASTHAN</td>
<td>10</td>
</tr>
<tr>
<td>9</td>
<td>UNICEF</td>
<td>ANDHRA PRADESH</td>
<td>6</td>
</tr>
<tr>
<td>10</td>
<td>UNICEF</td>
<td>ARUNACHAL PRADESH</td>
<td>7</td>
</tr>
<tr>
<td>11</td>
<td>UNICEF</td>
<td>ASSAM</td>
<td>6</td>
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<tr>
<td>12</td>
<td>UNICEF</td>
<td>CHHATTISGARH</td>
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<tr>
<td>14</td>
<td>UNICEF</td>
<td>KARNATAKA</td>
<td>8</td>
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<tr>
<td>15</td>
<td>UNICEF</td>
<td>KERALA</td>
<td>3</td>
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<tr>
<td>16</td>
<td>UNICEF</td>
<td>MAHARASHTRA</td>
<td>9</td>
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<tr>
<td>17</td>
<td>UNICEF</td>
<td>MANIPUR</td>
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<tr>
<td>18</td>
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<td>MEGHALAYA</td>
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<tr>
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<td>UNICEF</td>
<td>MIZORAM</td>
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<tr>
<td>20</td>
<td>UNICEF</td>
<td>NAGALAND</td>
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</tr>
<tr>
<td>21</td>
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<td>TAMIL NADU</td>
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<tr>
<td>22</td>
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<td>TRIPURA</td>
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<tr>
<td>23</td>
<td>UNICEF</td>
<td>WEST BENGAL</td>
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<tr>
<td>24</td>
<td>USAID</td>
<td>DELHI</td>
<td>2</td>
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<td>25</td>
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<td>26</td>
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<td>27</td>
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<td>28</td>
<td>USAID</td>
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<tr>
<td>29</td>
<td>USAID</td>
<td>UTTARAKHAND</td>
<td>3</td>
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</tbody>
</table>

Total HPD- 184

Source: Government of India (GOI)
Disclaimer: Map not to scale.

Earth institute shall be the lead partner agency at the district level in Simdega (JHK), Mahboobnagar (AP), Rajasmand (RJS), coordinate with respective state lead partner.
mHealth

- Sms to inform / educate
- Programme monitoring
- Point of care inputs
- Field data transfer
- Patient data capture
Extend managerial expertise

• Stock and logistics management systems
• Service supervision systems
• Quality assurance systems
Support research and innovation

• **Implementation research**
  – How to enhance coverage, efficiency and equity of programmes

• **Support development of research capacity in medical colleges / institutions**

• **Technological innovations**
  – Frugal equipment
  – Innovative packaging & pricing
  – Diagnostics
  – Drugs – gentamicin patch

• **Create Health R&D Fund**
Finance

• Investment capital for facilities / hospitals (innovative debt financing mechanisms)

• Customized financial services (microfinance, microinsurance)
National Behavior Change Campaigns

Generic
- Danger signs in pregnancy
- Health / hygiene

Customized
- Marriage of girls after 18 years of age
- Child birth after 20 years
Promote key interventions

- Kangaroo Mother Care
- Breastfeeding
- ORS in diarrhea
- Pneumonia
- Anemia prevention
- Vaccination
ADVOCACY
Help make health of women and children a people’s movement
FSG Report Highlights Opportunities for Companies to Improve Health of Women & Children

Johnson & Johnson’s Mobile Message Program for New and Expectant Mothers Selected as Award Finalist

Chevron: Aggressively Combating Mother-To-Child Transmission Of HIV

Merck and Uganda Launch Cervical Cancer Vaccination Program
TV Globo - Social and Health Messaging

Issue: Lack of health services and health education for the poorest population in Brazil.
Partners: Government agencies, universities, NGOs, private network distributors.

NOVARTIS - Arogya Parivar for Access to Essential Medicines

Issue: 63% of India's population lacks access to essential medicines.
Partners: Public sector at state and community level, over 20 NGOs, Vestergaard Frandsen, microfinance institutions.

BHARTI AIRTEL - SMS-Based Health Information Packs

Issue: Lack of access to health-care information in India.
Partners: Private content providers e.g. mDhil, local governments.

Safaricom - Helping to Spread the Cost of Health Care

Issue: Need for innovative payment system for health services for the poor.
Partners: Government of Kenya, Changamka - medical insurance provider, private and public health providers.
Corporate Social Responsibility (CSR) spending

- Companies must spend every year at least 2 per cent of their average net profit over the preceding three years on CSR works.

- Companies that have a turnover of Rs. 1,000 crore or more, or net worth of Rs. 500 crore or more, or net profit of Rs. 5 crore or more will have to comply.

*Companies Act, 2013*
Create mechanisms

India Mother-Child Health Trust Fund

- Independently governed
- No conflict of interest
Create policy framework

• Enunciate enabling policy
• Build trust
‘Talking isn’t doing. It is a kind of good deed to say well ........’

William Shakespeare
‘Talking isn’t doing. It is a kind of good deed to say well; and yet words are not deeds’

William Shakespeare