

Himachal Pradesh

SDG-3: Ensuring healthy lives and promote well - being for all at all ages



Health as a mean for development – Amartya Sen¹

Vision

The state of Himachal Pradesh has emerged as a model for social sector services in the country as more than 70% people are seeking health services from the government sector which is rare in India. As the orientation of development strategy across the globe transforming from Millennium Development Goals to Sustainable Development Goals (SDGs), Himachal is already geared up not only to meet the pace but to lead by setting milestones in health sectors. SDG 3 pertains to the health related issues with the broad mandate of “Ensuring healthy lives and promote well being for all at all ages”. It is true that the demand for good health will increase unconditionally irrespective of development in coming future due to multiple factors {for example the increase in the mean age /longevity of life will increase the burden of Non Communicable Disease (NCDs)}. But the fact that needs recognition is that improving health cannot merely be a mandate of health department but it is a broad area with variety of determinants of health like water and sanitation, socioeconomic status, education, agriculture, social/working environment etc. In order to achieve good health, all the efforts need to be gathered and taken forward as concerted/collective approach to achieve good health goals. Though Himachal has already achieved most of the targets which many states in India have to achieve in 2030 as a mandate of SDGs but we need to go ahead to establish a model on the analogy of the some of the small countries with better health indicators so that others can follow the same. Keeping in view all the above mentioned factors it is proposed that Health should be centre of all policies in the country/state. Some of the indicators have been simplified to make them realistic and achievable and also the detailed plan of action has been proposed to achieve immediate/short term and long term goals. However there are some areas of concern and it is hoped that the State will get wiser with time to address the emerging issues too.

References

1. Sen, A. *Idea of Justice* (2009): *Capability approach*

Current situation and key targets for 2030

- To reduce the total number of maternal deaths from 63 to <25 by 2030
- To reduce the IMR from 28 (SRR-2016) to <10 by 2030
- To end the mother to child transmission of HIV infection by 2025
- To reduce the incidence of TB cases from 209 to <20 by 2030
- To ensure zero transmission of malaria by 2020
- To reduce the prevalence of Hepatitis B by half in the state by 2025
- To reduce the Non Communicable Diseases (NCDs) related mortality by one third by 2030
- To ensure the adequate de-addiction facilities up to PHC level by 2025
- To reduce the use of harmful alcohol by awareness and enforcement
- To reduce the mortality due to accidents /injuries by improving trauma care services
- To maintain the appropriate difference of 3 years between two children
- To reduce the adolescent pregnancies
- To reduce the OOP (out of pocket expenditure) on health to reduce the poverty drift
- Reducing mortality due to pollution and contamination
- To reduce the tobacco related diseases burden by implementing WHO Framework Convention on Tobacco Central (FCTC)
- To provide adequate assistance to research activities on health
- To enhance the capacity of existing manpower and ensure the adequate human resources in health sector
- To mitigate the global/local health risk through awareness generation at all levels

Target 3.1 - By 2030, reduce the maternal mortality ratio (MMR)¹ to less than 70 per 100,000 live births.

Background and current situation

MMR in India was 167 per 1,00,000 live births in 2015. It is not possible to calculate MMR in Himachal Pradesh due to low denominator (<1 lakh births per year) and the reported 63 maternal deaths¹ is absolute number in 2015-16. As per the available estimates the State has already achieved the national target of 70. The institutional deliveries are 86 % in the state. 14.58% of all the home deliveries are attended by Skilled Birth Attendants (SBA). State has 87 Designated Delivery Points (DDP) out of total 707 Health Institutes. Apart from this State has 198 ambulances under the National Ambulance services (NAS-108) scheme which are contributing to safe deliveries. The Full ANC (Antenatal Check up) is 83% in the state.

Proposed targets with timelines

It is proposed to reduce the maternal deaths in the absolute numbers to <50 by 2020, and <40 in 2024, and less than 25 by 2030. It is also planned to ensure 90% institutional births by 2020 and 100% by 2024.

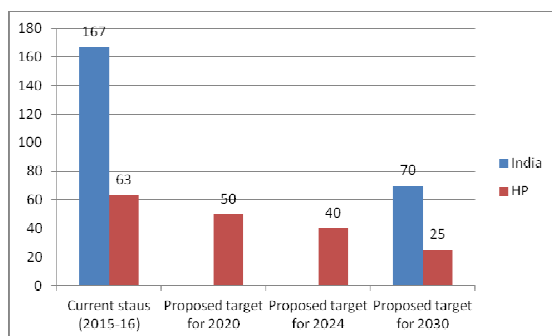


Figure 1 Projections of MMR in India and HP

Strategies to achieve the targets

It is planned to track and follow up all the pregnancies through MCTS (Mother and Child Tracking System) and ASHA workers. 100% quality ANC of all pregnancies by Medical Officers. will also be agreed. It is planned to fix accountability on the

¹ MMR in Himachal Pradesh may not be calculated due to less than 1 lakh births per year, hence, maternal deaths have been reflected in absolute number.

VHSNC (Village Health and Sanitation Committees) for any maternal deaths and Maternal Death Review will be made compulsory. Other factors like literacy, awareness, quality health services and the economic factors will add up in reducing maternal deaths with the passage of time. Institutional deliveries through IEC, BCC and IPC (Inter Personal Communication) will be promoted and will be tracked through MCTS and ASHA.

In addition, the State will promote the free ambulance service and free drop back facilities, including Janani Suraksha Yojna (JSY)- (Incentive for institutional deliveries) and Janani Sishu Suraksha Karaykaram (JSSK)- (Free treatment of pregnant women and infants) and benefits under National Health Mission. It is planned to set up 7 Birth waiting homes near the hospitals so that the people from remote areas can stay there in advance for safe deliveries. All home conducted deliveries will be assisted by Skilled Birth Attendant (SBA) (ASHA workers will be empowered to work as SBA).

Target 3.2- By 2030, end preventable deaths of newborns and children under 5 years of age, 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.

Background and current situation:

The Under 5 Mortality Rate in India is 49, the Neonatal Mortality Rate (NMR) is 28, and the Infant Mortality Rate (IMR) is 39. In Himachal Pradesh the above rates are 42, 25, and; 28, respectively (Source- SRS 2016). Currently, the State has 13 (Sick Newborn Care Units) SNCU, 49 (New Born Stabilizing Units) NBSU, and 120 (Newborn Care Corners) NBCC. Recently, a plan has been developed for diarrhea and pneumonia management including management of malnutrition

Proposed targets and timelines:

It is plan need to reduce the Under 5 Mortality from the existing level to 35 by 2020 and bring it down to <10 by 2030. There will be a reduction in Neonatal Mortality rate from the existing level to 20 by 2020 and further down to 5-10 by 2030. It is proposed to reduce the Infant Mortality rate from the existing level to 25 by 2020 and will be brought down to 5-10 by 2030.

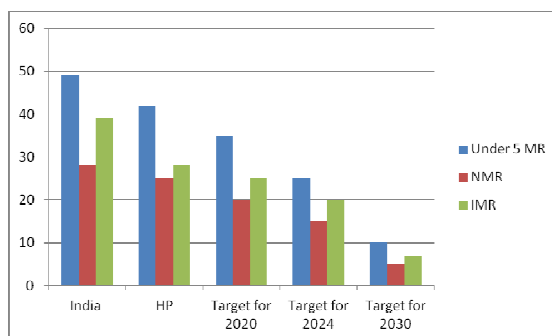


Figure 2 Projections of Under 5 MR, NMR & IMR

Strategy and Action Plan

The State has introduced Pneumococcal (19.1 % mortality) and Rubella (Disabilities) vaccines as a part of UIP (universal Immunization program) in 2017-18. The ORS (Oral Rehydration Solution) and Zinc will be available up to ASHA worker level to manage diarrhea. The provision of oral and injectable antibiotics, oxygen support, Bronchodilators and treatment of pneumonia up to sub centre level will be ensured. 100% HBNC (Home Based Newborn Care) will be ensured by ASHA workers supported by establishment of NBCC in all DDPs. Capacity building and infrastructure development will be the key focus as per RMNHCH+A (Reproductive, Maternal, Neonatal, Child Health and Adolescent care) strategy

Target 3.3 - By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

Background and current situation:

HIV prevalence rates in India and Himachal Pradesh are 0.26% and 0.12% (2015), respectively. The Incidence of TB cases in India and Himachal Pradesh is 217 and 209 (2016), respectively. The situation of the deaths due to malaria has improved remarkably and the annual parasite rate (API Rate- positive slides per 1000) in India and Himachal Pradesh are 0.85/1000, and <0.1/1000, respectively. However, the latest survey (2016-17) conducted in District Lahaul & Spiti by Indira Gandhi Medical College (IGMC) shows high prevalence (23%) of Hepatitis –B which is alarming. More data and analytical studies are required to confirm findings.

Proposed targets and timelines:

The plan is for 90% coverage under ART (antiretroviral therapy) by 2020 and Zero transmission of HIV from mother to child by 2024. The HIV prevention activities will be sustained. It is planned to reduce TB incidence <85/lakh by 2020, and <55/lakh by 2024, and bring it down to <20/lakh by 2030. The state has given Hepatitis B vaccine to all age groups in L & Spiti in 2017. In order to sustain the anti malarial effort zero transmission of API by 2020 will be ensured.

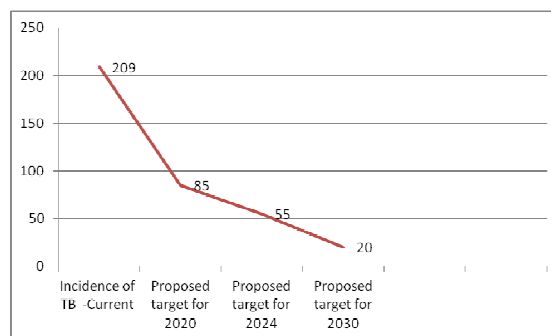


Figure 3 Incidence of TB & Proposed targets, HP

Strategy and Action Plan:

Testing of HIV at PHC level by 2020 then at S/C level will be ensured in a phased manner by 2025. The IEC/BCC activities will be scaled up including strengthening the management of STI (Sexual transmitted infection).The ICTCs (Integrated counseling and testing centers) will be monitored closely and zero parent to child transmission and 100% post exposure prophylaxis will be ensured. The Targeted Interventions programs with implementation of latest regulations will be strengthened. Viral suppression in more than 90% of PLHIV (People living with HIV) will be achieved. In order to combat TB, the daily regime and FDC (fix dose combination) has been started. It is planned to ensure 100% screening of HIV and diabetic patients (current status 82% and 50%). We will ensure availability of FDC in private sector also. In addition to the existing 9 CBNAAT machines at District level hospitals it is proposed to set up this facility in all 200 bedded hospitals in a phased manner. From 1.8.2017 the universal DST (Drug Sensitivity Test) was started (to rule out MDR (Multi drug resistant) on Day-1. NIKSHAY (Real time surveillance) will be started and Laptop will be provided to all STS (Senior Treatment Supervisors) at block level. Family DOTS to be started. Malaria

surveillance will be strengthened. The IEC and BCC activities will be strengthened for awareness generation up to remotest areas.

Target 3.4 To reduce the premature mortality due to NCDs (Non communicable disease) by 1 /3rd by 2030 (to decrease prevalence of NCDs and to increase treatment compliance. To promote Mental Health and well being)

Current situation / Baseline:

India is in a trap of Non Communicable Diseases (NCDs). As per the WHO Report 2015 NCDs are contributing to 72 % of the total mortality. The prevalence of the CVD (Cardio vascular disease) is 26%, Diabetes 2%, Respiratory disease 13% and Cancer is 7%. The State does not have state specific data for NCDs so national estimates are relied upon.

Proposed targets with timelines:

It is proposed to Implement comprehensive NCDs prevention and control programme in the State as per GOI guidelines by 2020. Recently introduced electronic Health Card has been on 2nd August 2017 for the purpose. The health card will capture real time data and ensure effective monitoring of NCDs risk factor and related disease burden, which will help in implementation of specific interventions and resource allocation. The prevalence of NCD risk factors, will be reduced by half by 2025. Currently the tobacco use is 40.5 % among males and 37.9% are alcohol users (NFHS -4). By adopting the comprehensive strategy, the proportional reduction in NCDs mortality by half can be achieved by 2030.

Strategy and Action Plan:

By introducing the electronic health card, the real time and effective surveillance of NCDs risk factors and diseases can be done. The NCD clinics up to PHC (Primary Health Centre) level will be setup. Free drug and diagnostic scheme to cover the treatment of all common NCDs will be introduced. The strict enforcement of health regulation will decrease the risk factors.

Target 3.5 - Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

Current scenario:

The trends of substance abuse are increasing in India and Himachal Pradesh alike. India has a prevalence of 13.1% in the <20 years age group (child line), and Himachal Pradesh has a prevalence of about 20-25% (IGMC). Prevalence of alcohol use is 29.2% in India (men age of 15-49) and 39.7% in age group of 15-49 years in Himachal Pradesh (NFHS-4)

Target:

It is proposed to ensure de-addiction facilities up to CHC level by 2020, Up to PHCs by 2024 and to ensure quality de-addiction services at all levels. It is planned to operationalize a road map with the Excise and Police Departments and NGOs to minimise the use of harmful alcohol by 2024. Effective awareness/ enforcement of the existing regulations to minimise drug abuse in collaboration with the key stakeholders will be ensured.

Strategy and Action Plan:

Special focus for awareness generation by IEC and BCC has been planned. The health service providers for de- addiction services will be trained. Drug de-addiction facilities up to PHC level in a phased manner will be ensured. Provision of adequate medicines will be made in all such facilities. Strict enforcement of Drugs and Cosmetic Act and NDPS (Narcotic and psychotropic substance abuse) Act through community policing will be ensured. Advocacy for alcohol reduction through policy formulation will be the key mandate for alcohol reduction. To generate evidence for action, it is proposed to conduct compliance assessment study of the existing regulations.

Target 3.6 - By 2020, half the number of deaths and injuries from road traffic accidents**Current scenario/ Baseline:**

The mortality and morbidity due to injuries especially road accidents is increasing In India and in Himachal. As per the WHO report 2015, injuries are contributing to 12% of the total mortality in India. As per the National data there are about 400 deaths per

day in India and about 1000 deaths per year (approximately 3-4 deaths per day) in Himachal Pradesh due to injuries.

Target:

To ensure dedicated Trauma care services up to CHC level by 2020, and up to PHC level by 2024, and quality services in all trauma centers by 2030.

Strategy and Action Plan:

Effective IEC and BCC will be the key tools. The response time of NAS -108 will be reduced so that there is an immediate help to the injured. The trauma care services will be strengthened up to 24x7 at PHC level. The state specific studies will be conducted to generate evidence on the cause, type and time of road accidents. The exercise for identification of black spots has been started and will be taken to logical end.

Target 3.7- 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 in to national strategies and programs

Baseline and current scenario:

The TFR (Total Fertility Rate) in Himachal Pradesh is 1.7. (SRS-2016) and the total unmet need is 15.7%. Prevalence of Adolescent pregnancy in India is 10% (WHO) and Himachal Pradesh is 1.1% (NFHS-4)

Proposed target and timelines:

The State is having TFR below replacement level but there is a need to reduce the unmet need to 10% by 2020, and further to <5% by 2025. The 3 years difference between birth of two children (to reduce sibling rivalry) is proposed to be achieved. The State will adopt the most suitable method on demand basis. It is planned to strengthen the entire existing ARSH (adolescent health) clinic by 2020 and to expand the clinic to all PHCs level by 2024. The optimum utilisation of the clinics with quality services by 2030 is also are of the targets.

Strategy and Action Plan:

IEC and BCC up to the level by HWs and ASHA workers will be the key strategy. 100% CPR (Couple protection rate) is proposed to be achieved. The GOI RMNCH+A strategies with 129 ARSH (adolescent, reproductive, sexual health) clinics, 104 comprehensive call center (toll free from 9.30 am to 5 PM) will be strengthened. Currently, adolescent pregnancies are 2.6 percent (NFHS-4), the State will bring it down to less than 1 percent.

Target 3.8 - Achieve universal health coverage (UHC), 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**Current situation:**

Full immunization (up to 9 months) is 99.5% in Himachal Pradesh. The entire population of the state is covered under universal health protection scheme (launched on 2.8.17). Only 20 % population of the country is covered under health protection scheme in India. Currently, RBSK (Rashtriya Bal Surasksha Karyakram), JSSK (Janani Sishu Suraksha Karaykarm), RSBY (Rashtriya Swasthya Bima Yojna) and Mukhya Mantri State Health care Scheme, are implemented in the state.

Targets:

It is targeted to achieve 100% immunization by 2020 and the same will be retained. 100% population will be covered under Health protection scheme by 2020, and the same will be sustained. Population based screening, including cervical cancer, of all NCDs will be rolled out as real time monitoring by 2018.

Strategy and Action Plan:

The surveillance and monitoring of UIP (universal immunization program) will be strengthened. A plan for tracking of left out children Fixing accountability of ASHA and HW for low coverage will be other tool. The free drug and diagnostic services will be implemented to reduce the out of pocket expenditure and the quality drugs will be procured.

Target 3.9- By 2030; substantially reduce the number of deaths and illness from hazardous chemical and air, water and soil pollution and contamination.

Baseline:

Currently, no specific data is available on mortality attributed to air pollution (such as Household pollution, passive smoking (>80%), vehicular pollution, Industrial pollution (approximately 15 lack deaths in India occur due to various pollutions) in India and Himachal Pradesh. However data shows that there have been 3,383 deaths due to water contamination (diarrhea and typhoid) and 1,17,01755 diarrhea cases were reported in the country in 2012.

Proposed target:

Due to the paucity of data on mortality due to the pollution and hazardous contamination the target cannot be fixed. So, it is planned to conduct a survey /study to retrieve the data to fix the targets accordingly.

Strategy and Action plan:

The State will strengthen the IEC and BCC activities to reduce the indoor and outdoor pollution and mortality attributed to hazardous contamination. Survey / study will be conducted to generate evidence about the adverse health impact of indoor and outdoor pollution and hazardous contamination. Promotion of clean/solar energy in the state will be taken up. In order to reduce the out of pocket expenditure and to minimise the anticipated drift below poverty line, the State has envisaged Universal Health Care (UHC) scheme in which the Above poverty Line (APL) population can avail equitable health services by paying just Rs. 1 per day for the entire family.

Target 3.a - Strengthen the implementation of the World Health Organization framework Convention on Tobacco Control in all countries, as appropriate.

Baseline/current burden

Tobacco is the most preventable cause of deaths globally. The prevalence of tobacco use aged 15 yrs and older in India is 38% and Himachal Pradesh is 22% (GATS-2010)

Targets:

The plan is to bring down tobacco use among aged 15 yrs and older from current level (22%) to 17% by 2020, to 10% by 2024, and further reduce it to <5% by 2030.

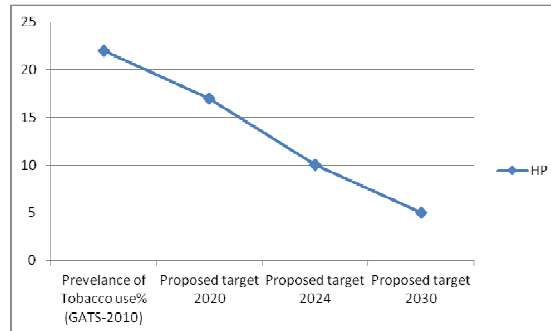


Figure 4 Current Tobacco use & proposed targets Strategy and Action plan:

The State will activate the flying squads up to block level for law enforcement and to implement all recommendation of WHO –FCTC. It is planned to expand the NTCP (National Tobacco Control Program) in all the districts of the State. The monitoring of the tobacco use and tobacco control activities on yearly basis will be ensured.

Target 3.b - To support the research and development of vaccines and medicines for the communicable and non-communicable diseases

Current scenario: Currently, National Health Mission (NHM) is funding small research projects which are mainly operational research. Recently the ACS (Acute Coronary Syndrome) Registry, Hepatitis. B, Immunization studies have been undertaken

Targets: It is proposed to study the output and outcomes of the Sustainable Development Goal 3 plan after every three years.

Strategy and Action plan:

Program implementation evaluation (operations research) by independent agencies and research institutes will be promoted. It is planned to establish a linkage with the academic institutes and Medical colleges to review the physical

and financial progress of the program through academicians/ students. It is also planned to do the concurrent evaluation of the SDG-3 progress

Target 3.c- Substantially increases health financing and the recruitment, development, training and retention of the health workforce (Health+ Ayurveda).

Current scenario/ Baseline:

There is Health worker density and distribution of 1HW/10000, 1 Asha /1000 in India and, 1 FHW/3379 and 1ASHA /800 populations in Himachal Pradesh. They are being updated on the latest skills and techniques.

Targets:

Himachal Pradesh is the second highest health care spending state in India and currently it is Rs 26,000 per capita. The manpower will be increased accordingly as per the IPHS (Indian Public Health Standard) norms. In addition, their skills as per the emerging needs will also be up-scaled. The State will be focussing on comprehensive primary health care to reduce the disease burden. As per the GoI recommendations the State is in process to upgrade all 2068 sub health centres as Health and Wellness centres by 2025 for providing ambulatory primary health care.

Strategy and Action plan:

The State will ensure the optimum utilization of the HR and infrastructure. It is proposed to introduce performance based appraisal system of the HR and to promote performance based incentives.

Target 3.d - Strengthen the capacity for early warning, risk reduction and of local, National and global health risks

Baseline/current scenario:

The State has partially established the State Disaster Management Authority (SDMA), clean energy strategy and hospital manual for medical workers which need to be enforced by public awareness, risk reduction strategies, YOGA and training of health professionals and others.

Targets:

By 2017-20 (3 years) it is planned to cover all sub divisions/ blocks teams for the awareness/training/ sensitisation about the risk mitigation and reduction strategies. By 2024 the plan is to cover all villages in the state for the awareness /training /sensitisation. By 2030 the plan is to cover all schools up to 10+2 level for the awareness/ training/ sensitisation.

Strategy and Action plan

The focus will be more on awareness by IEC and BCC activities. It is proposed to promote health as a centre of all policies. Issue based and setting based health promotion approaches will be followed in the state.

5. Indicators statement for monitoring the progress:

SDG 3	Targets	Indicators (As given by MoSPI / State Govt.)		Current status	Target by 2022	Target by 2030	Data source
		National Indicators	State Indicators				
Ensuring healthy lives and promote well being for all at all ages	3.1 By 2030, reduce the maternal mortality ratio to less than 70 per 100,000 live births.	Maternal mortality ratio	Maternal mortality ratio	<ul style="list-style-type: none"> Himachal Pradesh 63 deaths (absolute numbers) in 2015-16. As per the available estimates the State has already achieved this target. Institutional deliveries – 84.21% 86% of total births are institutional and 14.58% of total home deliveries are attended by Skilled Birth Attendants (SBA) Reported and designated delivery Points (DDP) – 87/707 Health Institutes (HI), NAS (108) ambulance-198 Full ANC (Antenatal Check up) - 83% 	<ul style="list-style-type: none"> To reduce maternal deaths in the absolute numbers <45 Ensure 90% births attended by SBA or institutional deliveries 	<ul style="list-style-type: none"> To reduce maternal deaths in the absolute numbers to 25 100 percent institutional delivery 	HMIS/ NHM/DHS NHM/NFHS/ DLHS
		Proportion of births attended by skilled health personnel	Proportion of births attended by skilled health personnel				

SDG 3	Targets	Indicators (As given by MoSPI / State Govt.)		Current status	Target by 2022	Target by 2030	Data source
		National Indicators	State Indicators				
Ensuring healthy lives and promote well being for all at all ages	3.2 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	Under-five mortality rate	Under-five mortality rate	<ul style="list-style-type: none"> Himachal Pradesh: U5MR-42, NMR-25 and IMR-28 There are 13 SNCU (Sick Newborn Care Units), 49 NBSU (New Born Stabilizing Units), and 120 NBCC (Newborn Care Corners) are functional. The state has meticulous plan for and management of diarrhea pneumonia management malnutrition 	<ul style="list-style-type: none"> Reduction in Under 5 Mortality from the existing level to 30 Reduction in Neonatal Mortality rate from the existing level to 15 Reduction in Infant Mortality rate from the existing level to 22 	<ul style="list-style-type: none"> Reduction in Under 5 Mortality to <10 Reduction in Neonatal Mortality rate down to 5-10 Reduction in Infant Mortality rate to 5-10 	SRS/NFHS NHM
		Neonatal mortality rate	Neonatal mortality rate				

SDG 3	Targets	Indicators (As given by MoSPI / State Govt.)		Current status	Target by 2022	Target by 2030	Data source
		National Indicators	State Indicators				
	3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.	Number of new HIV infections per 1,000 uninfected population	Number of new HIV infections per 1,000 uninfected population	<ul style="list-style-type: none"> • Incidence of HIV infection: HIV prevalence rate - India 0.26% (2015) Himachal Pradesh 0.12% (2015) • Incidence of TB cases: India-217, and Himachal Pradesh: 209 (2016) • API Rate (positive slides per 1000) - India: 0.85/1000, and H.P. <0.1/1000 • The latest survey conducted in District Lahol & Spiti by IGMC shows a prevalence of 23% which is alarming. More data and analytical study will be consulted to confirm above findings. The state has decided for Hep. B vaccine to all age groups in L & Spiti. 	<ul style="list-style-type: none"> • 90% coverage under ART • Zero transmission of HIV from mother to child • Sustain the HIV prevention activities • Reduce TB incidence <100/lakh, • Sustain the effort and ensure zero transmission of API 	<ul style="list-style-type: none"> • 100% coverage under ART • Zero transmission of HIV from mother to child Sustain the HIV prevention activities • Reduce TB incidence to <20/lakh • Sustain the effort and ensure zero transmission of API. 	<p>NACO/SACS</p> <p>NHM/DHS</p> <p>WHO/State</p> <p>DHS/NHM/NVBDCP</p>
Tuberculosis incidence per 100,000 population		Tuberculosis incidence per 100,000 population					
Malaria incidence per 1,000 population		Annual Parasite Rate (APR) per 1,000 population					
		Number of people requiring intervention against Neglected tropical Diseases	Number of people will be monitored against Dengue only, as the state doesn't fall				

SDG 3	Targets	Indicators (As given by MoSPI / State Govt.)		Current status	Target by 2022	Target by 2030	Data source
		National Indicators	State Indicators				
		(Dengue, Chikungunya, Kala-azar, Leprosy, Lymphatic Filariasis, Soil Transmitted Helminths, V Leshmaniasis)	under tropical region				
	3.4 To reduce the premature mortality due to NCDs (Non communicable disease) by 1 /3 rd by 2030 (Prevalence and treatment and to promote Mental Health and well being)	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	India: CVD (Cardio vaster disease - 26%, Diabetes- 2%, Respiratory disease –13%, Cancer – 7 %, only national estimates are available, no state level data is available.	<ul style="list-style-type: none"> Implement of the compressive NCDs prevention programme in the State as per Gol guidelines To Reduce the prevalence of NCD risk factors by one third 	<ul style="list-style-type: none"> To Reduce the prevalence of NCD risk factors by one third To achieve the proportional reduction in NCDs mortality by one third 	WHO/GOI State
			Prevalence of anaemia in population				NFHS/ NHM
		Suicide mortality rate	Suicide mortality rate				
		Coverage of treatment interventions (pharmacological,	Coverage of treatment interventions (pharmacolo	<ul style="list-style-type: none"> Treatment for substance use disorder: India-13.1% <20 years (child line), and Himachal Pradesh is 	<ul style="list-style-type: none"> Ensure de-addiction facility up to CHCs and PHCs levels and to ensure quality 	<ul style="list-style-type: none"> To ensure awareness/enforced of the existing regulations To access the impact 	DHS/NHM

SDG 3	Targets	Indicators (As given by MoSPI / State Govt.)		Current status	Target by 2022	Target by 2030	Data source
		National Indicators	State Indicators				
		psychosocial and rehabilitation and aftercare services) for substance use disorders	gical, psychosocial and rehabilitation and aftercare services) for substance use disorders	about 20-25% (IGMC) <ul style="list-style-type: none"> Prevalence of alcohol use: 29.2% men age of 15-49 years use alcohol in India and 39.7% men age group of 15-49 years in Himachal Pradesh (NFHS-4) 	of services at all level	of the innovations. <ul style="list-style-type: none"> Operationalization of the road map with the Excise, Police Department and NGOs to minimise the use of harmful alcohol 	
Ensuring healthy lives and promote well being for all at all ages	3.6 By 2020, halve the number of deaths and injuries from road traffic accidents.	Death rate due to road traffic injuries	Death rate due to road traffic injuries	<ul style="list-style-type: none"> Nationally there are 400 deaths in a day, where in the State there are 1000 deaths per year / approximately 3-4 deaths per day 	<ul style="list-style-type: none"> To ensure dedicated Trauma care services up to CHC level and quality services in all centers. 	<ul style="list-style-type: none"> To ensure dedicated Trauma care services up to PHCs level by 2024, and quality services in all health facilities 	State/GOI
	3.7 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 in to national strategies and programmes	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	<ul style="list-style-type: none"> TFR (Total Fertility Rate) in Himachal Pradesh is 1.9. Total unmet need is 15.7% Prevalence of Adolescent pregnancy: India-10% (WHO), Himachal Pradesh 1.1% (NFHS-3) 	<ul style="list-style-type: none"> Reduction in unmet need by 10%, To ensure the 3 years difference between birth of two children (to reduce sibling rivalry) To strengthening the existing ARSH clinic 	<ul style="list-style-type: none"> Reduction in unmet need to <5% by 2025 To expand the ARSH clinic to all PHCs level by 2024 To ensure the optimum utilisation of the clinics with quality services 	NFHS/ NHM

SDG 3	Targets	Indicators (As given by MoSPI / State Govt.)		Current status	Target by 2022	Target by 2030	Data source
		National Indicators	State Indicators				
Ensuring healthy lives and promote well being for all at all ages		Annual number of births to women aged 15-19 years per 1,000 women in that age group	Annual number of births to women aged 15-19 years per 1,000 women in that age group				NFHS/DLHS/ NHM
		Proportion of delivery attended by skilled health personnel	Proportion of delivery attended by skilled health personnel				NFHS/DLHS/ NHM
		Proportion of Institutional Deliveries	Proportion of Institutional Deliveries				NFHS/DLHS/ NHM
	3.8 Achieve universal health coverage(UHC), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern	<ul style="list-style-type: none"> • Full immunization (9 months) 99.5% in Himachal Pradesh • In the State >50% population protected under Health insurance (against Out of Pocket Expenditure), whereas national level it is <20%. • Currently, RBSK (Rashtriya Bal Surasksha 	<ul style="list-style-type: none"> • 100% immunization and the same will be retained. • 100% coverage of entire population under Health Insurance scheme and the same will be 	<ul style="list-style-type: none"> • To achieve 100% protection against catastrophic expenditure on Health 	NFHS/RSBY/NHM

SDG 3	Targets	Indicators (As given by MoSPI / State Govt.)		Current status	Target by 2022	Target by 2030	Data source
		National Indicators	State Indicators				
	medicines and vaccines for all.	methods	methods	Karyakram), JSSK(Janani Sishu Suraksha Karaykarm), RSBY (Rashtriya Swasthya Bima Yojna), Mukhya Mantri State Health care Scheme, and Universal Health Protection Scheme are being implemented.	sustained. • Population based screening, including cervical cancer, of all NCDs		
Ensuring healthy lives and promote well being for all at all ages		Percentage of women aged 15-49 years with a live birth in a given time period who received antenatal care, four times or more	Percentage of women aged 15-49 years with a live birth in a given time period who received antenatal care, four times or more	Full immunization (9 months) 99.5% in Himachal Pradesh	Achieving 100% immunization sustain the the same		NFHS/HMIS /DHS
		Percentage of children aged 12-23 months who received the three doses of pentavalent vaccine before their first	Percentage of children aged 12-23 months who received the three doses of pentavalent vaccine				NFHS/HMIS

SDG 3	Targets	Indicators (As given by MoSPI / State Govt.)		Current status	Target by 2022	Target by 2030	Data source
		National Indicators	State Indicators				
		birthday	before their first birthday				
Ensuring healthy lives and promote well being for all at all ages		Percentage population using safely managed drinking water services and Percentage population using safely managed sanitation services	Percentage population using safely managed drinking water services and Percentage population using safely managed sanitation services				NFHS/ Census
	3.9 By 2030, substantially reduce the number of deaths and illness from hazardous chemical and air, water and soil pollution and contamination.	Mortality rate attributed to household and ambient air pollution	Households using polluting fuel / non-polluting fuels for cooking	<ul style="list-style-type: none"> There has been 3383 deaths due to water contamination (diarrhea and typhoid) and 1,17,01755 diarrhea cases were reported in the country in 2012. 	<ul style="list-style-type: none"> There is no specific data on deaths and illness from hazardous chemical and air, water and soil pollution and contamination, Therefore, the target cannot be fixed. The State may plan to conduct a survey /study to retrieve the data 		GOI/State

SDG 3	Targets	Indicators (As given by MoSPI / State Govt.)		Current status	Target by 2022	Target by 2030	Data source
		National Indicators	State Indicators				
					to fix the targets accordingly		
Ensuring healthy lives and promote well being for all at all ages		Mortality due to unsafe water, sanitation and hygiene	households having access to potable drinking water				Census /State /GOI
	3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	Age standardized prevalence of current tobacco use among persons aged 15+ years	Age standardized prevalence of current tobacco use among persons aged 15+ years	Prevalence of tobacco use aged 15 yrs and older: India 38%, Himachal Pradesh 22%	Bring down tobacco use among aged 15 yrs and older from current level (22%) to 17%	Bring down tobacco use among aged 15 yrs and older to <5%	GATS/NFHS
	3.b To support the research and development of vaccines and medicines for the communicable and non-communicable diseases.	Out - of - Pocket expenditure on health Total net official development assistance to	Out - of - Pocket expenditure on health Total net official development assistance to	<ul style="list-style-type: none"> NHM is funding small research projects Currently, ACS (Acute Coronary Syndrome) Registry, Hep. B, Immunization studies are being undertaken 	Sustainable Development Goal 3 indicator will be reviewed periodically	Sustainable Development Goal 3 indicator will be reviewed periodically	NFHS / NSSO/RSBY DME/ DHS/NHM

SDG 3	Targets	Indicators (As given by MoSPI / State Govt.)		Current status	Target by 2022	Target by 2030	Data source
		National Indicators	State Indicators				
		medical research and basic health sectors	medical research and basic health sectors				
	3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce (Health+ Ayurveda).	Total physicians nurses and midwives per 10000 population	Total physicians nurses and midwives per 10000 population	<ul style="list-style-type: none"> Health worker density and distribution: 1HW/10000, 1 Asha /1000, H.P. 1FHW/3379, 1ASHA /800 Skill building and skill utilization 	<ul style="list-style-type: none"> The skills of manpower will be enhanced as per the emerging needs. 		DHS
Ensuring healthy lives and promote well being for all at all ages	3.d Strengthen the capacity for early warning, risk reduction and of local, National and global health risks (Indicator: No. of Blocks/ Panchyats or villages, Schools sensitized about risk management and mitigation)		No. of beneficiaries covered	<ul style="list-style-type: none"> H.P. SDMA, Clean energy, Hospital manual Public awareness, Risk reduction, YOGA, training of health professionals and others 	<ul style="list-style-type: none"> To covers all sub divisions/ blocks teams for the awareness/training/ sensitisation 	<ul style="list-style-type: none"> To cover all villages in the state for the awareness /training /sensitisation by 2024, To cover all schools upto 10+2 level for the awareness/ training/ sensitisation 	State/GOI