Policy Research Institutions and the Health SDSs in India: Building Momentum in South Asia

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Executive Summary

As part of the South Asia collaborative research programme on 'Policy research institutions and the health SDGs: Building momentum in South Asia' this country report elaborates the institutional framework in India for implementing the Sustainable Development Goals (SDGs) in general, and health SDGs in particular. It reflects on the role of various stakeholders involved in the coordination, implementation and monitoring of the SDGs, especially the ones on health; at the government level, and in social and private sectors. There has been a special focus on the role of health policy research institutions (HPRIs) to identify the extent to which they are involved in the implementation and monitoring of health related SDGs, the potential role that they can play in achieving those SDGs, and their linkages with other stakeholders involved in health-related-SDGs process in the country. The key findings, discussed in this report, are based primarily on desk reviews on various aspects of SDGs in India, one-to-one interaction/interview with various experts, a roundtable discussion with some experts from policy research institutions and other researchers.

In India, at the government level, institutional arrangements have been well-placed to coordinate the implementation of SDGs. National coordination and implementation activities are overseen by the National Institution for Transforming India (NITI) Aayog, formerly the Planning Commission of India, in collaboration with other nodal ministries. This nodal agency that serves as the think tank of the Government of India on development issues has mapped each of the SDGs for individual ministries and ensures coordination among states. As a baseline initiative, the NITI Aayog organised a consultation on SDGs in 2016 with the representatives from various ministries (bureaucracy), INGOs, PRIs, and Civil Society Organisations (CSOs).

The Ministry of Statistics and Programme Implementation (MSPI) has worked on developing SDGs indicators for India. This ministry has the major responsibility for creating the database to monitor the progress in the implementation of SDGs. The involvement of various ministries with cross-cutting influence has strengthened the institutional arrangements. The structure of national level institutional arrangements is also found at the state level. State governments formulate their plans based on SDGs.

While public institutions take larger responsibilities, the role of private and other social agencies cannot be overlooked. Efforts have been made by government to engage policy research institutions (PRIs) in shaping policies to implement the SDGs and to seek the support of the private sector and civil society organisations in the process of implementation and monitoring. There are other social actors, knowledge producers, and communicators who also embrace the SDGs and incorporate them into their regular research assignments. The engagement of multiple stakeholders in SDGs appears to work as a driving force towards their implementation and achievement of targets. Different innovations and institutional arrangements have been put in place to facilitate policy integration. Similarly, in view of the cross-sectional challenge of the SDGs, the Government of India has facilitated an integrated approach under each ministry responsible for specific SDGs.

India has also put in place an institutional mechanism at the government level, and has integrated the health SDGs into its national health policies and programmes. In order to facilitate accountability and progress, it has established new high level commissions, councils, and coordination bodies particularly under the Ministry of Health and Family Welfare (MHFW) and the Ministry of Women and Child Development (MWCD) to work in association with other ministries for implementation of the 2030 Agenda. The health policy research institutes in particular, play their part in undertaking research on various aspects of health, more importantly, increased role in providing research based evidence, capacity building, designing interventions, and of course policy input for decision making.

The role of private sectors and CSOs is seen mainly in programme implementation in collaboration with public institutions. Their role in the context of health related SDGs, however, has not been very explicit, perhaps because of the involvement of other public health units at community level in the delivery of health services. While India's commitment to achieving health SDGs is seen from the government's role in ensuring that institutional arrangements are put in proper place for effective coordination, planning, implementation, and monitoring; there are some areas that need special attention such as strengthening collaborations among various stakeholders, efforts in capacity building of local stakeholders, strengthening coordination beyond national level given the regional diversity of the country, building institutional capacities in new areas such as generating disaggregated data on various development indicators, creating specific mechanism in tracking the progress and sharing experiences of grassroots level stakeholders.

In India, ensuring 'health for all' is a constitutional obligation of the State. The government has integrated health SDGs into national planning. Different institutional arrangements have been put in place to coordinate the implementation of the health SDGs. However, there is a need to strengthen inter-sectoral coordination to promote the implementation of health SDGs. HPRIs with a variety of expertise can act not only as knowledge brokers between government and non-state stakeholders but also contribute to ensuring accountability of the state through systematic evaluation of the implementation of health SDGs, periodic monitoring of the progress towards set targets and designing interventions based on success stories and 'good' practises. There are some HPRIs which are working in collaboration with different stakeholders. A suitable mechanism need to be evolved to facilitate engagement of more HPRIs with different expertise in developing and planning effective SDG strategies.

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Abbreviations & Acronyms

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activists
ASR	Adult Sex Ratio
AWC	*Anganwadi C*entre
BMS	Basic Minimum Services
CBHI	Central Bureau of Health Intelligence
CBOs	Community Based Organizations
CDPO	Child Development Project Officers
CHC	Community Health Centre
CMR	Child Mortality Rate
CSDH	Commission on Social Determinants of Health
CSR	Child Sex Ratio
DADF	Department of Animal Husbandry, Dairying & Fisheries
DGHS	Directorate General of Health Services
DHE	Department of Higher Education
DIPP	Department of Industrial Policy and Promotion
DPO	District Project Officer
DSEL	Department of School Education and Literacy
HLEG	High-Level expert group
HPF	High-level Political Forum
HPRI	Health Policy Research Institute
HSC	Health Sub-Centre
IAEG-SDG	Inter-Agency Expert Group on SDGs
ICDS	Integrated Child Development Service
ICSSR	Indian Council of Social Science Research
IIPS	International Institute for Population Sciences
IMR	Infant Mortality Rate
INGOs	International Non-Government Organisations
IPHS	Indian Public Health Standards
ISM	Indian Systems of Medicine
ISM&H	Indian Systems of Medicine and Homoeopathy
MAC	Ministry of Agriculture and Cooperation
MACCF	Ministry of Agriculture & Cooperation, Chemicals & Fertilizers
MAFW	Ministry of Agriculture ad Farmers Welfare
MAYUSH	Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
MC	Ministry of Commerce
MC&F	Ministry of Chemical & Fertilizers
MCA	Ministry of Civil Aviation
MCAF&PD	Ministry of Consumer Affairs Food & Public Distribution
MCAFPD	Ministry of Consumer Affairs Food and Public Distribution
MCI	Ministry of Commerce and Industry
MCR	Ministry of Culture
MDWS	Ministry of Drinking Water and Sanitation
MEA	Ministry of External Affairs
MEF&CC	Ministry of Environment, Forests & Climate Change
MFPI	Ministry of Food Processing Industries
MHA	Ministry of Home Affairs
MHFW	Ministry of Health and Family Welfare
MHI	Ministry of Heavy Industry
MHRD	Ministry of Human Resource & Development
MHUPA	Ministry of Housing and Urban Poverty Alleviation
MHW	Male Health Worker
MI&B	Ministry of Information &Broadcasting
ML	Ministry of Labour

MLE	Ministry of Labour and Employment
MLJ	Ministry of Law and Justice
MLR	Ministry of Land Resources
MM	Ministry of Mines
MMA	Ministry of Minority Affairs
MMP	Mission of Medical Plants
MMR	Maternal Mortality Rate
MMSME	Ministry of Micro, Small & Medium Enterprises
MNER	Ministry of North Eastern Region
MNP	Minimum Needs Programme
MNRE	Ministry of New & Renewable Energy
MoC	Ministry of Coal
MoCA	Ministry of Corporate Affairs
MoF	Ministry of Finance
MoIF	Ministry of Overseas Indian Affairs
MoR	Ministry of Railways
MoS	Ministry of Steel
MoST	Ministry of Science and Technology
MoT	Ministry of Textile
MP	Ministry of Power
MP&NG	Ministry of Petroleum & Natural Gas
MPPGP	Ministry of Personnel, Public Grievances and Pensions
MPR	Ministry of Panchayat Raj
MRD	Ministry of Rural Development
MRTH	Ministry of Road Transport and Highways
MS	Ministry of Shipping
MSDE	Ministry of Skill Development and Entrepreneurship
MSJE	Ministry of Social Justice and Empowerment
MSPI	Ministry of Statistics and Programme Implementation
MT	Ministry of Telecommunication
MTA	Ministry of Tribal Affairs
MTM	Ministry of Tourism
MUD	Ministry of Urban Development
MWCD	Ministry of Women and Child Development
MWRRD&GR	Ministry of Water Resources, River Development & Ganga Rejuvenation
MYA&S	Ministry of Youth Affairs & Sports
NACO	National AIDS Control organisation
NCD	Non-Communicable Disease
NHAM	National Health Assurance Mission
NHM	National Health Mission
NHP	National Health Policy
NHPPT	National Health Promotion and Protection Trust
NHRM	National Rural Health Mission
NHSRC	National Health System Resource Centre
NIPCCD	National Institute of Public Cooperation and Child Development
NITI	National Institution for Transforming India
PHC	Primary Health Centre
SC	Scheduled Caste
SDC	Social Determinants Committees
SDH	Social Determinants of Health
ST	Scheduled Tribe
U5MR	Under Five Mortality Rate
UHC	Universal Health Care

SECTION - 1

INTRODUCTION

Globally, the Sustainable Development Goals (SDGs) have been adopted under the declaration, 'Transforming our world: The 2030 agenda for sustainable development'. Every country is expected to work towards achieving the SDGs that are to be addressed nationally. Like many other countries, India has initiated several national policies and programmes aligned with the SDGs. The achievements of SDG goals and targets by the agreed timelines would largely depend on the kind of institutional arrangements and means the country adopts for the effective implementation of various programmes towards attainment of SDGs. This study is a part of the collaborative research on 'Policy research institutions and the health SDGs: building momentum in South Asia'. It endeavours to map the national-level institutional arrangements and key stakeholders in India with respect to the implementation and monitoring of the SDGs with a special reference to health-related SDGs. It also aims to understand the role of various stakeholders in the process of implementation and monitoring of health-related SDGs with a focus on the Health Policy Research Institutions (HPRIs). Given that an integrated approach toward implementation is critical to achieving the SDGs, the study also aims to understand the inter-linkages and relations among various stakeholders, identify challenges that various stakeholders face in course of implementation of health related SDGs, and suggest possible measures that need to be undertaken to facilitate them to play their role in an enhanced manner

1.1: Demographic and Socio-Cultural Pattern

In India, before the SDGs were adopted in 2015, the health policy and programmes were aligned with the Millennium Development Goals (MDGs). The National Health Policy (NHP) 2002 was formulated to improve the performance of health systems and move towards universal health coverage. The demographic characteristics and social diversity of the country however had a significant bearing in the process of achieving the goals. There has been a great variation across population on cultural, social and economic parameters, making the country one of the most diverse nations. Demographic patterns indicate that India has a sex ratio of 1.08 and this widely varies across age groups. About 45 per cent of the total population is below the age of 24. Although the elderly population constitutes a small proportion, it has been on the rise. Nearly two-third of total population lives in rural areas. The infant-mortality rate (IMR) shows 41deaths per 1000 live births, and it is significantly higher in rural than urban areas. Similarly, the maternal mortality rate (MMR) records 174 deaths per 100,000 live births, and is higher in rural areas. This reflects the higher vulnerability of a larger proportion of population to health problems.

The recent National Family Health Survey (NFHS 4) (IIPS, 2017) provides essential data on health and health care services. The data points towards poor health outcomes in many health indicators though there has been an improvement in few other indicators. For example, there has been a marginal improvement in the child sex ratio (CSR) at birth whereas the adult sex ratio (ASR) has decreased. Improvement in the infant mortality rate (IMR) and under five mortality rate (U5MR) has been undermined by the fact that only 24 per cent of all children received health check-up within two days of birth and only 21 per cent of mothers received full antenatal care (ANC), despite improvement over the decade, pointing towards continued neglect of maternal health. The institutional deliveries in public health facilities increased to about 52 per cent. As regards the nutritional status of children, a declining trend has been recorded in stunted and underweight children under five although there was an increase in the proportion of wasted (low weight for height) children.

While health indicators in some states have improved over the past decades, several others need to improve. Children from socially-marginalised communities such as Scheduled Castes (SCs) and Scheduled Tribes (STs) record higher levels of IMR and U5MR than other social groups. The findings of NFHS 4 in fact provide a baseline for monitoring health related SDGs. The survey underlines the need for the government to play a greater role in strengthening the infrastructure to ensure accessible and affordable health care for all. The diversity in the country is also believed to pose many challenges in the discourse of health and development. Adequate attention therefore needs to be given to the issue of demographic features and social diversity of the country while moving towards 'leave no one behind' in the discourse of SDGs.

1.2: Social Determinants of Health

In line with the WHO report on social determinants of health (SDH) which reiterates that health cannot be achieved by medical care alone, and social factors are equally important (WHO, 2010), the issue of SDH has been recognized as a critical component of the post-2015 Sustainable Development Global Agenda. As the report identifies, there are broadly two categories of social determinants- structural conditions and health system. It states that social determinants such as employment conditions, air pollution, unimproved sanitation, exclusion of certain section of people from social life, limited access to health care, child under-nutrition, and gender inequality are some priority areas that call for public policy in India.

Despite the recognized importance of SDH, public health care in India has a large component of preventive care addressed through national level health programmes (Universal Immunisation Programme (UIP), *Janani Suraksha Yojana* (JSY)) and state (KAEP, *Arogyashree*)[1], which target major health related problems. There has been a focus on providing health care and increasing the access of people to preventive and curative care. Although official data on health status in recent past indicate progress on some health indicators such as life expectancy, and maternal and infant mortality rate; there are some other areas- nutrition, health care service utilisation, for instance, where achievement has been far from satisfactory. The gap in health care utilisation (immunisation, ANC) as well as outcome indicators (IMR, U5MR) continues to exist across social groups. Whatever gains in public health have been achieved through health programmes in India, thus, have been provider-driven (IJMPH, 2016).

This initiative however has little to do with the needs and priorities of the people. The health programmes, in spite of success in some areas, have not enabled the communities to take care of their health. As a result, health disparities between different sections of the population defined in terms of social groups such as caste, ethnicity, class, region and other similar identities of the country continue to persist. In order to address equity, it is therefore important to generate awareness about the causes of health problems, create awareness, impart skills and bring about behavioural changes to enable people to increase control over the determinants of health, and thereby improve their health status. As argued, health promotion is a 'comprehensive social and political process, not only embracing actions directed at strengthening the skills and capabilities

[1] Universal Immunisation Programme (UIP) is national in nature but Kala-azar Elimination Programme (KAEP) is regional or state specific because it is endemic particularly in 31 districts of Bihar, 4 districts of Jharkhand, 11 districts of West Bengal besides occurring is sporadic form in far districts of eastern UP. Similarly, while JSY is national, *Arogyashree* is implemented in the state of Andhra Pradesh and Telangana. Elimination strategy proposed includes case detection and treatment; interruption of transmission through vector control; advocacy, communication for behavioral impact and inter-sectoral convergence; capacity building; monitoring, supervision and evaluation and operational research. Moreover, inter-country co-ordination and assistance by Government of India are very important in elimination of kala-azar.

of individuals, but also actions directed toward changing social, environmental, and economic conditions so as to alleviate their impact on public and individuals health' (Detels, 2015). In India's diverse social context, this is highly relevant. The High-Level Expert Group (HLEG) instituted by NITI Aayog, formerly known as Planning Commission of India, acknowledged that it would be difficult to attain and sustain Universal Health Coverage (UHC) without action on the wider SDH (Planning Commission of India, 2011). The HLEG even recommended the setting up of Social Determinants Committees (SDC) at national, state and district levels.

The importance of social as well as environmental determinants in promoting health, has been recognised in the National Health Policy, 2017. Therefore, in accordance with WHO, the priority areas identified include sanitation, nutrition, substance abuse, rail and road safety, gender violence, workplace safety, and air pollution. It is also recognised that the lack of empowerment of large sections of the society through health promotion initiatives is one of the reasons for the slow decline in infant and maternal mortality rate in India, and for achieving the MDG targets (MSPI, 2015). The complex interplay of social and environmental factors, and health system pose major challenge of bringing equity in health outcomes. Recognition of this is evident in a 'radical change in health policy in the form of National Health Assurance Mission (NHAM)' (Cited, IJMPH, 2016, p.1), as an attempt to reduce the inter-group and inter-region differences in health status and bringing about equity in health.

1.3: Transition from MDGs to SDGs

The United Nations Millennium Declaration, 2000 set out a series of time-bound goals, well known as the Millennium Development Goals (MDGs). It also provided a framework around which states could develop and evolve national development policies. Accordingly, the Indian government set some targets for development. A variety of developmental programmes and measures were adopted to accelerate the process of development with a focus on equity and sustainability. India's Eleventh and Twelfth Five Year Plans (2006-2017) set the agenda of achieving development through various economic and social development-oriented programmes. Notwithstanding the fact that there were many challenges, India made notable progress towards achieving the MDGs. But the implementation in various states has been found uneven (UNDP, 2015). The achievements across diverse socio-religious groups in particular indicated persistent disparities and many challenges. It was recognized that India's progress towards reaching the MDGs varied across the goals as well as socio-religious groups (ESCAP, 2015). This provided a lot of insight into the gaps in the MDG implementation processes.

In the post 2015 Development Agenda, with the formulation of SDGs, there have been several guiding principles for the states. It is expected that the developmental goals comply with the principle of 'leave no one behind' (Melamed, 2015). The SDGs are expected to contribute to change through rights-based, equitable, inclusive and universal processes (UNCSD, 2012) so that sustainability of development is enhanced at all levels- national, regional and local. Following the formal adoption of the SDGs and its underlying principles, India advances on the international development framework on design, implementation and monitoring of the SDGs. India's commitment towards SDGs is integrated into its national development policies. It has recognized the need for convergence between the SDGs and MDGs. Emanating from the 1978 Alma Ata Declaration 'Health for All' was the Maternal and Child Health (MCH) programme which metamorphosed into Child Survival and Safe Motherhood (CSSM) to Reproductive and Child Health (RCH) by 2005. Maternal health was prioritized for its linkages with development indicators like life expectancy at birth which is an important constituent of human development index. Morbidity and health were also recognized as important factors responsible for economic productivity (Planning Commission of India, 2011; Murray, 2015; NITI Aayog, 2016). A variety of development-oriented programmes have been revisited and new measures initiated in order to accelerate the process of equitable as well as sustainable development. Thrust from the

health programmes resulting from anti-natalist policy oriented towards limiting the population size, paved way for health of women, and longevity in general. Programmes for nutritional supplement [Supplementary Nutritional Programme (SNP)], and health of the adolescent *(Kishori Swasthya Yojana)* were incorporated. Considering the inter-linkages and cross-cutting nature of many sustainable development challenges, an integrated approach has been embarked up on by the present government under the principle of 'development with and for all'.

Similar commitment has been shown towards health related SDGs. In the beginning of 21st Century, three specific health targets were integrated into MDGs in India to be achieved by 2015. These were - reduction of under-five mortality by two-thirds and maternal mortality ratio (MMR) by three quarters, achievement of universal access to reproductive health, and check the spread of HIV/AIDS and other diseases. Through implementation of the National Health Policy (NHP) 2002, efforts were made by the government to achieve the MDG goals on health. As mentioned earlier, India could achieve some progress in certain selected indicators. As per official data on National Health Profile (MHFW, 2015) there have been marked progress in pre-natal and postnatal mortality rate, still-birth rate, infant mortality rate, and maternal mortality rate. The progress on some important health indicators during MDG period are shown in Table1.1

Table 1.1: Progress on Health Indicators during MDG Period

	Infant Mortality Rate	Under-5 Mortality Rate	Adult Mortality Rate	Life Expectancy at Birth
2000	68	94	239	61
2014	38	48	201	68

Source: World Health Statistics, 2015, World Health Organisation. (WHO, 2016)

By 2012, it was realized that achievements and progress on many health targets had been far from satisfactory and that it was necessary to carry them forward in a more sustainable manner. Accordingly, based on the basic principle of health SDGs 'ensure healthy lives and promote well-being for all at all ages', health SDGs in India are built on the progress made on health under MDGs and reflect new targets on health related SDGs, as given in Box 1.1.

Box 1.1. Key Areas in Health SDGs

- Reproductive, maternal, newborn, child and adolescent health
- Infectious diseases including HIV, tuberculosis, malaria, hepatitis and neglected tropical diseases
- Non-communicable diseases (NCDs) including heart disease, cancer and diabetes
- Mental health and substance use including narcotics and harmful use of alcohol
- Injuries and violence
- Universal health coverage.

Source: Health in 2015: From MDGs to SDGs (WHO, 2015)

However, with the recognition that some other SDGs have greater relevance for health goals, those have been linked to health SDGs to ensure sustainable development in the area of health. The goals include those related to addressing hunger, achieving food security, improving nutrition status, ensuring access to water and sanitation, and access to modern energy. Like the NHP 2002 for health related MDGs, NHP 2017 is a step towards achieving the health SDGs.

1.4: Rational of the Study

The government of India recognises that for the SDGs to be meaningful, they need to be accompanied with institutional mechanisms and adequate means of implementation. The National Health Policy 2017 while prioritizing the role of the government in shaping the health system in all its dimensions through multi-sectoral interventions to ensure universal access to good quality health care services and achieve health SDG targets; also envisages collaboration with other stakeholders working in the health care sector. However, evidence indicates that the vulnerable population groups getting further marginalized in accessing care (James, 2016; Acharya and Pal, 2017). In this context, it is significant to understand the institutional arrangements available in the country for implementation and monitoring of health related programmes; and the role of various stakeholders- government agencies, community level organisations, policy research institutions, independent think tanks, and other private agencies whose engagements have direct relevance to the health SDGs.

Although the national level institutional mechanism plays a vital role in the implementation and monitoring of health-related programmes; the engagement of local or community level public health centres are critical in the delivery of health care services. Given such institutional arrangements, the question is in what ways are they engaged in the implementation of health related SDGs? Moreover, civil society organizations are actively involved in the implementation process. They bridge the gap between service providers and beneficiaries of health services, and facilitate service delivery at community level.

The role of various stakeholders in the public sector varies across health care components. There are stakeholders at national and regional levels who are directly engaged in the planning, management, implementation, and monitoring of health related programmes. However, there are other stakeholders like policy research institutes who play a significant role in providing research based evidence and designing interventions on various aspects of public health system. The question that needs an exploration is what role do these policy research institutes play in health SDGs?

In India, in the recent past, there are a few studies which focus on specific SDGs, so is the case for health related SDG. However all these studies primarily examine different targets under SDGs, achievement status of SDGs, health care programmes, implementation challenges, and so on. A few national and regional level consultations on health SDGs were engaged in reviewing the health status, interconnectedness of health SDG with other SDGs, and strategies for delivery of health services. The mapping of stakeholders working on various aspects of health, however, has not drawn adequate attention.

Against this backdrop, it is significant to understand the institutional arrangements available in the country for implementation and monitoring of health related programmes; and the role of various stakeholders-government agencies, policy research institutions, community level organisations engaged in actual implementation of programmes, independent think tanks or private organisations whose engagements have direct relevance to the health SDGs. This would have significant implications for developing evidence based implementation strategies for strengthening existing institutional arrangements and ensuring accountability of the key stakeholders for efficient implementation of SDGs including the role of HPRIs in particular with regard to health SDGs.

1.5 Research Questions and Objectives

Given that there has been a committed move towards SDGs in India, it is therefore essential that the processes of the implementation of SDGs are strengthened at all levels- planning, coordination, management, monitoring and data generation to track progress towards SDGs. But this largely depends upon the institutional arrangements that the country has or put in place, besides other 'means of implementation'. As Bhaumik and Chatterjee (2017) put it, 'meaningfully executing any multi-sectoral mechanism means building successful partnerships within diverse ministries and with communities.' Similarly, Taylor (2017) points that "there is a pressing need to now put in place the thinking and collaboration required to catalyze progress towards the SDGs.' Within the framework of the SDGs, the key questions that the study aims to address are: what have been the operational priorities of the government of India in terms of institutional arrangements for the implementation and monitoring of development programmes under the health SDGs:

a. What are the national-level institutional arrangements for the implementation of SDGs?
b. What have been the institutional arrangements and operational priorities at the national level; and who are the key stakeholders involved in the implementation and monitoring of the health-related SDGs?
c. What have been the roles of PRIs with respect to health related SDGs?
d. How are different stakeholders related in the process of implementation of health related SDGs?
e. What are the challenges that various stakeholders face in the process of implementation of health SDGs?

The specific objectives of the study therefore are:

a. To map national-level institutional arrangements for the implementation of SDGs in India with a focus on the health SDGs.
b. To understand the roles of stakeholders involved in the process of implementation of the health SDGs, their interrelationships in terms of collaborations or partnerships.
c. To explore the role of PRIs in relation to the health related SDGs; and their inter-linkages with other stakeholders engaged in implementation of health SDGs at different levels- national state and local.
d. To identify the challenges and knowledge gaps in the process of implementation of health SDGs.
e. To suggest measures that would strengthen the institutional arrangements to facilitate the implementation of health SDGs.

SECTION - 2

STUDY DESIGN AND METHODOLOGY

The important aspect of mapping exercise is to focus on either outcomes or processes or both primarily enthused by different objectives, depending on which different techniques are employed. In this study, mapping involves providing a contextualized knowledge on mapping the institutional arrangements that exist for the implementation of SDGs and what roles they play (who does what?). It also addresses the question of how all these arrangements or mechanisms fit within policy and practice; that is, where do the policy research institutions fit and how crucial they are in the SDGs process. Basically, this mapping is a scoping study in nature that describes and compares various national-level institutional arrangements for implementation and monitoring of SDGs in India. It identifies different types of institutions/stakeholders that exist in the country with respect to SDGs, and analyses further how the institutions are related to each other, and also to the SDGs. Keeping in view the scope of the study, there has been a special focus on organisations or institutional arrangements working on health related SDGs. The 'stakeholders' are analyzed in context of influence, power, interest and the impact they have in terms of SDGs implementation or/and improvement in the health sector in the country. Keeping in view the timeframe of the study 'stakeholders mapping' is located primarily in the national context. Similarly, key respondents used for interviews are mostly from the national capital. A comprehensive review of the most recent literature dealing with the operational and implementation aspects of the health SDGs, desk research, consultations with health experts, interviews with PRIs have been focus on the mapping exercises. The desk review involves studying critiques about the inadequacies of the Millennium Development Goals (MDGs), new targets incorporated in the newly formulated SDGs to ensure that they are fulfilled by 2030, national policy frameworks on health and critiques of health policies, status of health in the country, national level debates and discussions, SDGs propelled recent empirical and evaluative research on health issues, existing government programmes towards health SDGs, identification of various policy research institutes working on health issues and so on.

Efforts have been made to use the latest national data available on health related issues to reflect quantitatively on the current status of health-related SDGs and the gaps existing between the status and health targets set under SDGs. The latest national level data based on National Family Health Survey- 2015-16 (IIPS, 2017) may serve a baseline for tracking the SDGs. Other sources of government data that have been used for the study include Census 2011 and National Sample Survey Organisation (NSSO), 2014 for providing a picture on demographic and socio-cultural profile of the country and other health related issues (section 1.1). Besides health specific data, in order to understand the global monitoring process on SDGs, the data provided by WHO on various indicators and targets has also been glanced through.

A scoping exercise has been done to list institutions working in the areas of health at the national and sub-national level. At the first instance, a list of over hundred PRIs working in the area of health at national and regional levels was prepared. A typology was evolved to zero in on the selected institutions. For the purpose of analysis, 30 research institutes recognised by Indian Council of Social Science Research (ICSSR), Government of India and another 44 HPRIs have been considered. A list of these HPRIs is presented in *Annexure* 2. The HPRIs for the mapping exercise have been selected on the basis of essential information on the nature of work they are engaged in. Documents of some organisations such as latest annual reports, newsletters and other periodicals were also found valuable for the mapping exercise. The desk review and scoping review are primarily based on web-sites search of government and various

national and international institutes and Google-search. Responses of six key informants from HPRIs have been considered as case studies. Experiences and perspectives of these stakeholders on the issues related to implementation and monitoring of the health related SDGs are captured through interviews (face-to face interview, e-mail dialogue, and telephonic conversation), using a semi-structured interview schedule (*Annexure* 3), designed on the basis of brain storming session with few experts working on SDGs and methodologists and consultations with other stakeholders (Box 2.1); besides participation through Skype in the knowledge sharing workshop held by SDPI with project partners from other South Asian countries.. Snow-ball and purposive sampling methods have been used to collect information from the stakeholders. The research tool was canvassed to more than 20 key informants after seeking their prior consent. However, all the identified key informants could not provide detailed information on time. Keeping in view the usefulness of information provided by six key informants among others, their responses have been used for caste study analysis. The responses of key informants on various issues related to coordination, collaboration, initiatives, convergence, and data management, and perceived challenges and suggestions with respect to health SDGs, have been detailed for analysis purpose. The qualitative data obtained through interaction in a consultative meeting with a group of about 25 CSOs in a dissemination workshop which was organised IIDS before taking up this research have also been used for the analysis.

Thus, the study proposes a mixed methodology package to address specific objectives. Evidence collected from different sources has been collated around the objectives. Nevertheless, given the preliminary stage of the implementation of SDGs, data used for this report is of an indicative nature only, and may not provide an exhaustive picture of SDG status and gaps that exist in implementation process. The present study has used a variant of the scoping exercise for identifying the indicators for the research tool. Efforts have been made to use limited data in a systematic way to address specific objectives of the study.

The analysis based on data obtained from various sources is structured around three major objectives. First, there has been a focus on the national level institutional arrangements for SDGs in country. Key stakeholders and their roles in terms of coordination, implementation, monitoring of SDGs are discussed. Besides the key stakeholders at government level, other related or concerned stakeholders are also identified. The role played by private actors such as corporate sector and CSOs/NGOs, think tanks, academic institutions and INGOs, is briefly mentioned. Following the overall analysis of institutional arrangements and role of various stake holders; there has been a focus on institutional arrangements for health related SDGs. In the context of health related SDGs, the role of HPRIs is extensively discussed keeping in view the core objective of the study.

Table 2.1: Institutions, Level of Stakeholders and Research Instruments

Institutions	Head/ Managerial	Unit Head/Mid -level	Field Worker/Subordinates
Departments in Ministries	Indepth Interview	Indepth Interview, Discussion	Indepth Interview, Discussion
Research Think Tanks and Universities	Indepth Interview	Indepth Interview, Discussion	Indepth Interview, Discussion
NGOs/CBOs	Indepth Interview	Discussion	Consultative Meetings/ Discussion

Note: Given the timeframe of the study and other constraints substantial interaction with stakeholders in INGOs and private organisations could not be possible.

SECTION - 3

NATIONAL LEVEL INSTITUTIONAL ARRANGEMENTS FOR SDGs

Given the wide range of objectives under SDGs and the huge task of implementing them in a country that is among the most populated and diverse nations in the world; at the national level, a coordinating agency is critical to the effective implementation of the SDGs. In India, the National Institution for Transforming India (NITI) Aayog formed in 2015; and the Ministry of Statistics and Programme Implementation (MSPI) are mandated to implement the SDGs.

The NITI Aayog is the national body or government's think tank that has been entrusted with role to coordinate implementation of SDGs both at horizontal and vertical levels, and also monitor the achievements. The responsibility for coordinating the SDGs is assigned to the Aayog, keeping in view its past role in national development planning and multi-agency coordination. It is also expected to coordinate and initiate action with concerned nodal ministries of SDGs. A designated SDGs unit has also been established in the NITI Aayog with the primary task to develop and strengthen coordination with various state governments, particularly to improve the monitoring and implementation mechanisms. The Aayog is responsible for monitoring the work in the states through state level ministries and departments actually responsible for implementing various SDGs. Major coordination between national and local level stakeholders however remains with the state government/ministries.

The Ministry of Statistics and Programme Implementation (MSPI) is assigned the task of coordinating with ministries to guide the monitoring activities. The MSPI tracks India's progress on SDGs on the basis of data sets generated by the concerned ministries/departments at both national and state levels. It is also responsible for the development of national indicators reflecting the SDGs and targets.

A working group on SDGs comprising representatives from NITI Aayog and MSPI has been constituted to support the NITI Aayog and MSPI. Keeping in view the challenges in coordinating with a large number of stakeholders across sectors, different national level committees consisting of representatives from several departments have also been set up to share the responsibilities of planning and monitoring activities. There are also various commissions under ministries which work as advisory bodies and monitor implementation of SDGs.As ensuring stakeholder participation in implementation and monitoring at all levels is key to effective SDG implementation, the ministries and departments at the state level hold key to the implementation of SDGs. The larger accountability of encouraging different stakeholders to participate in the implementation process therefore, lies with state government/ministries, which in fact implement programmes through the participation of local level institutions. So, at the regional or state level, specific administrative framework under each ministry similar to that of national level is involved in state and local level coordination and implementation.

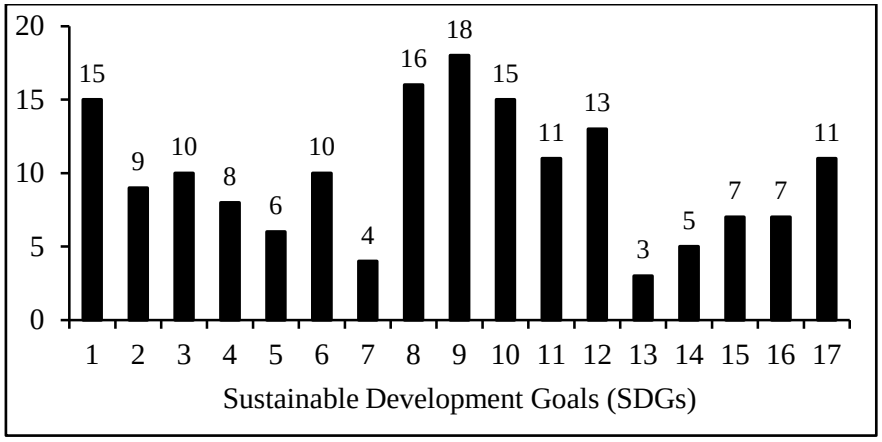
The SDGs are thus, mainstreamed across government institutions that are primarily responsible for different SDGs. At the national level, besides the nodal ministry on each of the 17 SDGs, other related ministries collaborate on SDGs as shown in Table 3.1 and Graph 3.1. As seen, for each SDG, the responsibility is entrusted with a group of ministries. One to five ministries are involved in three SDGs, six to ten ministries in seven SDGs, 11-15 ministries in 5 SDGs and more than 15 ministries in two SDGs. The highest number of ministries (18) is involved in SDG 9, pertaining to industry, innovation and infrastructure, followed by SDG 8 (decent work and economic growth), while the lowest number of ministries (three) is involved in SDG 13, pertaining to climate action. SDGs-wise number of ministries is shown in Graph 3.1.

Table 3.1: Institutional Arrangements at Ministerial Level: Nodal Ministries and Other Concerned Ministries and Departments for 17 SDGs.

SDGs	Nodal Ministry	Name of Other Concerned Ministries /Departments
1	Ministry of Rural Development (MRD)	MHUPA, MSDE, MSJE , ML, MWCD, MMA, MTA, MAC, MLR, MDWS, MPR, MUD, MHA, MEA
2	Ministry of Agriculture and Farmers Welfare (MAFW)	MCAFPD, MTA, MHFW, MAYUSH, MWCD, MACCF, MC, MEA
3	Ministry of Health and Family Welfare (MHFW)	MAYUSH, MWCD, MTA, MDWS, MFPI, MHA, MRTH, MEFCC, MCI
4	Ministry of Human Resource & Development (MHRD)	DSEI, MTA, MSDE, DHE, MCR, MWCD, MEA
5	Ministry of Women and Child Development (MWCD)	MLR, MUD, MHUPA, MT, MSJE
6	Ministry of Water Resources, River Development & Ganga Rejuvenation (MWRRD&GR)	MDWS, MWCD. MRD, MPR, MEF&CC, MAC, MKR, MHUPA, MEA
7	Ministry of Power (MP)	MNRE, MoC, MP&NG
8	Ministry of Labour and Employment (MLE)	MoF, MoSPI, MRD, MHUPA, MUD, MTA, MMSME, MoC MS&T, MEF&CC, MWCD, MYA&S, MSDE, MTM, MoT,
9	Ministry of Commerce & Industry (MCI)	MRTH, MoR, MS, MoS, MCA, DIPP, MSPI, MMSME, MT MoCA, MHI, MTA, MFF&CC, MS&T, MHRD, MEA, MRD,
10	Ministry of Social Justice and Empowerment (MSJE)	MoF, MRD, MHUPA, MUD, MMSME, MTA, MSDE, MMA, MNER, MLJ, MOIF, MEA, DPIP, MC
11	Ministry of Urban Development (MUD)	MHUPA, MRD, MRTH, MoR, MCR, MHA, MEF&CC, MPR, MoF, MEA
12	Ministry of Environment, Forests & Climate Change (MEF&CC)	MM, MCAF&PD, MFPI, MC&F, MUD, MRD, MoCA, MoF, MI&B, MS&T, MTM, MP&NG
13	Ministry of Environment, Forests & Climate Change (MEF&CC)	MHA, MI&B,
14	Ministry of Earth Sciences (MES)	MEF&CC, DADF, MS&T, MTM,
15	Ministry of Environment, Forests & Climate Change (MEF&CC)	MTA, MAC, MLR, MPR, MRD, MoF,
16	Ministry of Home Affairs (MHA)	MLJ, MPPGP, MHUPA, MRD, MPR, MEA
17	Ministry of Finance (MoF)	MCA, MEA, MI&B, MEF&CC, MS&T, MT, MRD, MC, DIPP, MSPI,

Source: Sustainable Development Goals (SDGs)- Draft Mapping, Development Monitoring and Evaluation Office, NITI Aayog. Retrieved from http://niti.gov.in/content/SDGs.php

Graph 3.1: Number of Concerned Ministries/Departments for Different SDGs



Source: Based on Data, SDGs- Draft Mapping, Development Monitoring and Evaluation Office, NITI Aayog

The NITI Aayog has been given the responsibility for preparing the national documents such as 'A 15-Year Vision', 'A 7-Year Strategy', and A '3-Year Action Agenda'. It has prepared the a Draft Three Year Agenda, 2017-20 in 2016 and presented to the Governing Council of the NITI Aayog, headed by the Prime Minister in April, 2017. At the national level, the Niti Aayog's Governing Council is the mechanism that is expected to coordinate implementation by the Central Government and states and enable the integration of the SDGs into the proposed documents.

> 'As a part of the review process by the High-level Political Forum (HPF), the United Nations central platform for follow-up and review of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals; in mid-2017, India has submitted a National Voluntary Review by the NITI Aayog to the HPF. The review on India's progress has focused on various central programmes and schemes for achievement of the goals and implementation initiatives and other related actions. The review also provides an overview of organisations mandated to implement SDGs in India including the NITI Aayog and the Ministry of Statistics and Programme Implementation (MSPI). The high level country review report also outlines a detailed set of activities for each SDG and acknowledges the interconnectivity of the goals. As a preliminary national level initiative, the NITI Aayog has undertaken a mapping exercise to link the actions under all the 17 SDGs and 169 targets to various Indian ministries. During 2016-17, the apex national coordinating body has also coordinated a series of consultations with ministries/departments, state government, researchers, academicians, UN agencies, policy makers, policy advocacy groups, CSOs/NGOs etc. on SDGs at the national level.' (NITI Aayog, 2016).

From the above paragraph, it is clear that the coordinating and implementing agencies involve other non-state stakeholders through consultation process in the SDGs implementation process. There are several INGOs which provide coordinated support in the implementation of SDGs. some are alos involved in specific SDGs implementation. For example, UNAID has been working in close coordination with National AIDS Control organisation (NACO) and UNICEF and WHO have engaged in progammes related to children. The roles of INGOs in India are primarily seen in terms of advisory role, technical support, capacity building and programme evaluation. The CSOs/NGOs are mainly involved in implementation of programmes and delivery of specific services related to various SDGs,. In India, there are more than eleven thousand registered NGOs which work at the local level on various social and economic development programmes. Although their engagements in SDGs implementation are not clear at

this early stage of SDGs implementation, they can play a significant role as the process progresses. The contribution of policy research institutes and other think tanks has been well recognised. Their participation is sought for planning, policy input, evaluation and knowledge support on all SDGs. For example, in the context of health SDGs, the periodic survey on various health indicators by the International Institute for Population Sciences (IIPS), provide opportunities for academic debates and discussion on health issues, which eventually feed into planning on health. Similarly, the Public Health Foundation of India (PHFI) as a public private initiative is a premier institute which significantly contribute to the programme evaluation and advocacy on public health related issues. More can be understood from the case studies of HPRIs in Section 5.3. They are also involved in the review of implementation SDGs depending on their expertise. There are many PRIs which work in partnership with government, as think tanks in specific areas. In the Indian context, it is therefore important to review the systems that are in place for ensuring participation of various non-state stakeholders from the grassroots up to the highest levels of government. This will comply with the UN resolution on the business sector, non-State actors, international organisations and other CSOs in ensuring the achievement of the SDGs.

SECTION - 4

NATIONAL LEVEL INSTITUTIONAL ARRANGEMENT FOR HEALTH SDGs

The social protection policy towards SDGs incorporates several health interventions to promote health care services. One of the major goals has been to expand the health services to improve the quality, coverage and effectiveness of the existing services. The health sector social security in India primarily involves immunisation for children, child nutrition programme, institutional delivery, free ante and post natal care to new mothers and health insurances. To achieve these objectives, the government has launched National Health Mission (NHM), Reproductive and Child Health (RCH) care services, Integrated Child Development Service (ICDS), National AIDS and STD Control Programme, and most recently *Pradhan Mantri Swasthya Suraksha Yojana* (Prime minister's health security scheme). Besides these major health interventions, there are other health interventions that aim to promote health of mother and children in particular with the goal of reducing IMR and MMR. The Universal Immunization Programme has become an important component, especially in rural areas. Access to various health services, however, has not been able to achieve the universal coverage, as was set for MDGs-2015. The group disparities in access to health services and health outcomes continue to persist. There are subgroups in remote areas that are left out of several health services. All these point towards major gaps in the implementation of health programmes.

4.1: The National Health Policy and SDGs

With the recognition of the pivotal importance of the health-related SDGs, the Government has aligned the health system of India to development in health sector. SDGs also intrinsically link health with actions in several sectors outside healthcare. In this context, The National Health Policy 2017, which replaced the National Policy 2002 framed to address the health MDGs aims at addressing current and emerging challenges and providing healthcare to all. It envisages attaining the highest possible level of health and well-being for all through a preventive and promotive health care orientation, and universal access to good quality health care services. It professes commitment to strengthening the public health system and providing equitable, affordable and quality care to all. Moreover it has identified seven priority areas outside the health sector which can have an impact on preventing and promoting health.

Given the priority on primary health care, the policy advocates allocating two-thirds (or more) of resources to primary care, and proposes free diagnostics, free emergency and essential healthcare services in public hospitals. While prioritizing the role of government in shaping the health system in all its dimensions through multi-sectoral interventions, it also advocates collaboration with non-government health care sector for the delivery of health care services. With the recognition of targets under the health related SDGs, the policy not only details on the time bound goals but also envisages optimum use of existing resources available in the public health sector. The policy thus offers an opportunity to systematically rectify deficiencies through a stronger National Health Mission, proposes ensuring increased access, improved quality and reducing costs. In line with the global goal, at the national level India also sets its health targets under the NHP 2017 (*Annexure* 4). The policy document also lists out many short term health goals. These include increasing life expectancy and reducing total fertility rate (TFR) to 2.1 per cent by 2025, the reduction of under-five mortality rate (U5MR) to 23 by 2025, IMR to 28 by 2019, MMR to 100 by 2020, the rate of still births to one digit by 2025, and neonatal mortality to 16. These appear laudable objectives in view of health SDGs.

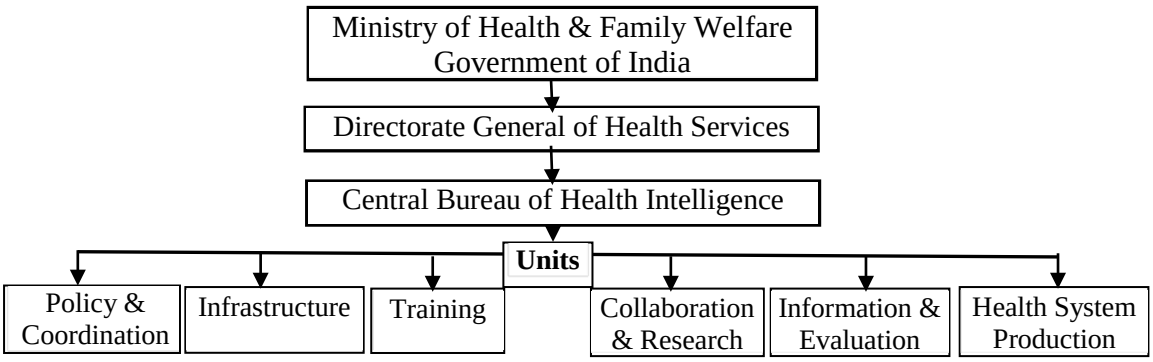
However, there are some critiques on the NHP 2017. When it talks of implementation through 'health in all' within various government departments, at the same time it talks about collaboration with private sectors. But there is no mention of any regulatory framework. Although the NHP makes a commitment to increase the health budget, the ministry related Parliamentary Standing Committee on health observed that India's level of public spending on health was one of the lowest in the world at 1.15 per cent of the general budget, as against the global average of about six per cent. It observed that the squeeze on public finances has led to high out-of-pocket expenditure, which constitutes 64 per cent of the total health expenditure (Rajalakshmi, 2017). The policy clearly states that the private sector is to be enabled to meet public health goals and make health care systems more effective, rational and affordable. But how can it be possible, when the out-of pocket expenditure continues to increase, remains a critical question for policy makers as well as health experts.

Therefore, any discussion about institutional arrangements to facilitate health related SDGs can simply not overlook the need for substantial resources for health sector from both central and state government budgets to strengthen the institutional arrangements. The Committee also observed that investment in health in India is nowhere near the target allocation. For better health outcomes in terms of quality primary health care services, the key stakeholders therefore need strategic planning to meet the commitment mentioned in NHP 2017. The nodal national and state ministries/departments of the government thus have a challenging task ahead. The goal of providing 'universal health coverage' and 'quality health care for all' as part of the NHP thrust would fall flat in the absence of inter-ministerial or inter-departmental synergy.

4.2: National Level Institutional Arrangements for Health SDGs

The health system in India is central to the new Agenda of SDGs. Health SDGs therefore put health governance at centre-stage. The implementation of public health programmes is primarily located within the Central Ministry of Health and Family Welfare (MHFW). However, the organisational structure of this ministry intersects with other ministries/departments such as the Ministry for Women and Child Development (MWCD) and the Ministry of Drinking Water and Sanitation (MDWS), and the recently formed the Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy, popularly known as AYUSH. The MHFW functions through the Directorate General of Health Services (DGHS), working through the Central Bureau of Health Intelligence (CBHI). Various departments under the CBHI take care of issues related to policy and coordination, infrastructure, capacity building, research and collaboration, and monitoring and evaluation (Figure 4.1)

Figure 4.1: Functional Units under the Nodal Ministry of Health & Family Welfare



Source: Ministry of Health and Family Welfare, Government of India

Institutional arrangements under the MHFW also include the National Health System Resource Centre (NHSRC) and the National Health Mission (NHM), an independent entity which has major responsibility of implementation of health SDGs. As far as the implementation of health related SDGs is concerned, the MHFW has to coordinate with other nine other ministries or departments. The roles of the concerned ministries vary across health SDGs (Table 4.1).

Table 4.1: Ministries/Departments Concerned with the Health SDGs

Nodal Ministry /Department	SDG-3 Targets*	Other Concerned/related Ministries/Departments	Core Policy/ Programme Interventions
Ministry of Health and Family Welfare (MHFW)	3.1	MAYUSH, MWCD, MTA	• National Health Mission (NHM) • Human Resources in Health and Medical Education • National Mission on AYUSH including Mission of Medical Plants (MMP) • National AIDS & STD Control Programme • Integrated Child Development Service (ICDS) • Pradhan Mantri Swasthya Suraksha Yojana
	3.2	MAYUSH, MWCD	
	3.3	MAYUSH, MTA, MDWS, MFPI	
	3.4	MAYUSH, MWCD, MTA	
	3.5	MHA, MAYUSH	
	3.6	MRTH, MAYUSH	
	3.7	MAYUSH	
	3.8	MAYUSH, MTA	
	3.9	MEFCC, MAYUSH	
	3.a	MAYUSH	
	3.b	MAYUSH, MCI	
	3.c	MAYUSH	
	3.d	MAYUSH	

* See Annexure 1

Source: The National Institution for Transforming India *(*NITI Aayog).

The MHFW has to work with the Ministry of AYUSH (MAYUSH) in almost all the health related SDGs. Like MHFW, MAYUSHis integral to the Indian health system. It was formed with the goal of ensuring the optimal development and propagation of the traditional alternative systems (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy) of health care. Unlike the MHFW, MWCD and MDWS, MAYUSH has a specific goal for development of education and research in AYUSH, and in different forms of traditional Indian, , Tibetan and other indigenous systems of medicine. Before 2014, MAYUSH, existed as the Department of Indian Systems of Medicine and Homoeopathy (ISM&H) under the MHFW. There are seven different research bodies or Central Councils for research under the new Ministry that focus on research in traditional systems of medicine. Similarly, there are nine national institutes across India that provide education in Indian medicine.

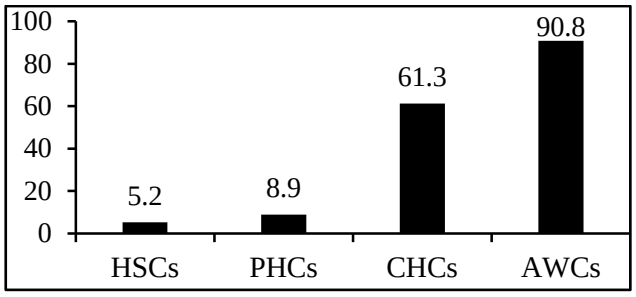
The MWCD also plays a key role in three health SDGs, mostly related to health and nutrition of women and children. Under this Ministry, health is a major component where the focus is on maternal and child health. It collaborates with the MHFW in the process of implementation programmes in the sectors of health. Given the government's commitment towards reducing the maternal and child mortality ratio, providing universal access to reproductive health and generating awareness on maternal and child health, and the utilization of indigenous systems of medicine; the Ministry takes a major responsibility towards health SDGs. For the development in health of mother and child, the Ministry has been implementing the world's largest outreach programme of Integrated Child Development Services (ICDS) which provides a package of health services at the community level. The package includes supplementary nutrition and health education to mothers and adolescents as healthy growth and development needs to be supported with proper care to prevent malnutrition and infectious diseases, and awareness about preventive health measures. For the implementation of several programmes, the Ministry has six national level autonomous organisations, of which the National Institute of Public Cooperation and Child Development (NIPCCD) coordinate the health and nutrition programmes. It also coordinates with other departments under the MHFW and National Health Mission.

Besides MAYUSH and MWCD, the other seven ministries, that are related to health SDGs include, MTA, MDWS, MFPI, MHA, MRTH, MEFCC and MCI. The MHFW has to work with another four ministries for the health SDGs 3.1, i.e. 'end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases'. Thus, the coordination of implementation of health SDGs remain complex. As seen (Table 4.1), the nodal and other related ministries have the responsibility of implementing six core health programmes to achieve health related SDGs.

4.3: Institutional Mechanisms and Delivery of Health Services

In India, the public health system is a three-tiered hierarchical system in which Health Sub-Centres (HSCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) provide health care services under various health schemes. The CHCs are maintained by the State Government under Minimum Needs Programme (MNP) or Basic Minimum Services (BMS) Programme to provide health care services under various national health schemes. The PHCs established at Block level are considered to be the first contact points between the village communities and the medical officers. These centres provide integrated curative and preventive health care to the rural population with emphasis on the preventive and promotive aspects of health care. These are also the referral units for a group of HSCs located at the lower level of health care delivery system. There has been an increase in the number of local level institutions such as HSCs, PHCs, CHCs and AWCs during 2005-15 (Graph 4.1). As evident, the number of local institutions which deliver health services at community level has increased significantly over the decade. For example, AWCs increased by 91 per cent over the period while CHCs increased by 61.3 per cent. The functionaries like Auxiliary Nurse Midwife (ANMs), Accredited Social Health Activist (ASHA) and a Male Health Worker (MHW), have a major responsibility of providing the maternal health care services at community level.

Graph 4.1: Increase in Percentage of Institutions Providing Health Services during 2005-15



Source: World Health Statistics, 2015, WHO; and the MWCD

Besides the above health delivery system under the nodal department of Health and Family Welfare, there are other community level centres, known as *Anganwadi* centres (AWCs) under the Integrated Child Development Services (ICDS), the single largest flagship programme in India, and one of the world's largest outreach programme for early childhood development under the Ministry of Women and Child Development. AWCs provide health care services directly to children less than six years of age and to women in the 15–45 years age group under an integrated package of health, nutrition and education services. The health services broadly include immunization, health check-ups, weight and growth monitoring, health education (health related counseling to women and adolescent girls), treatment of minor illness and health referrals whenever necessary. Institutionally, a network of Anganwadi centres (AWCs) at community level remains the focal point for the delivery of these health services. However, health services are delivered in collaboration with health functionaries in the primary healthcare infrastructure, like medical officers, ANM and Accredited Social Health Activists (ASHA) to achieve the convergence of different health services. At the community-level AWCs function

under the direct supervision of the state officials at the district, block and cluster levels like District Project Officer (DPO), Block Child Development Project Officers (CDPOs), Supervisors and other ICDS officials. The Government of India recognises that ICDS is the key to responding to the challenges of meeting the health needs of children and women holistically and achieving many unfulfilled national goals as have been integrated into the health SDGs.

In addition to the Ministry and its departments, there are other institutions which are engaged in the implementation of SDGs by way of examining the status and proposing the policy for implementation and participating in monitoring and evaluation too. The national level institutions like International Institute for Population Sciences, Institute for Research in Reproduction, National Institute of Health and Family Welfare, National Institute of Nutrition, All India Institute of Medical Sciences, National Institute of Tropical Medicine, Institute of Post Graduate Medical Education and Research, National Institute of Mental Health and Neurosciences- all are active participants in the process of collecting evidences, monitoring, evaluating and implementing programmes and policies towards SDGs directly and indirectly.

Thus, at the apex level, the Ministry of Health and Family Welfare and Ministry of Women and Child Development coordinate overall implementation of health SDGs. Various national level public and autonomous institutions, directly or indirectly, contribute to evaluating and implementing health programmes towards SDGs. At local level a chain of health centres under a three-tiered public health system, and other community level centres provide health care services under various health schemes. Functionaries at various institutional levels help in incorporating and monitoring health SDG targets.

4.4: Non-state Stakeholders and Health SDGs

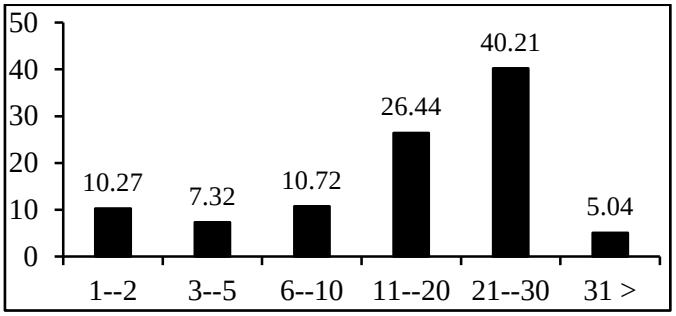
Achieving the health related SDGs requires the partnership of governments, private sector, civil society and citizens alike. The concept of '*Mohalla Clinic*'[2] has ensured the availability of services to people especially from the poor and marginalized who were unable to access healthcare from institutions in both public and private sector due to time constraint (public) and economic constraint (private). Citizens have also participated in discussions on the cost of treatment (consultation, drugs and machines). The private sector health facilities widely vary in size and contribute significantly towards health care services. At present this sector has opened the doors to international care seekers bringing in an additional dimension of medical tourism in the discourse. Health programmes are however implemented with the help of organisations and workers located at the grassroots levels. While there are stakeholders who are directly engaged in the delivery of health services; there are other stakeholders at national and regional levels such as HPRIs who play a significant role in providing knowledge and policy input on various aspects of the implementation of health related SDGs. There are also several INGOs which provide coordinated support in the implementation of health SDGs. These organisations have initiated actions with a focus on social determinants of health. The organisation that are involved in promotion of health in India are WHO, UNDP, UNFPA, UNICEF, and UNAIDS. As the lead UN development agency, UNDP helps to implement the health goals and focuses on key areas under SDGs The initiative of WHO is however very much aligned with SDG health targets. It plays a critical role in review of implementation of the health-related SDGs.

There are a large number of CSOs/NGOs, which work on health issues at the grassroots level. There are some national level CSOs such as Population Council, Public Health Foundation of India, Chetna, etc. that are working in the field of health and have been able to establish viable public health and curative health models. Some CSOs/NGOs play a role as knowledge

[2] Small health care centres established at the small area or locality (*Mohalla*) level to provide basic health care. This has been initiated in Delhi by the state government.

translators in which they spread awareness about sanitation and potable water supply and preventive measures that keep people healthy. It is a collective of local NGOs and CBOs which assume the role of implementers. A scoping of such organisations in India revealed that out of about eleven thousand community level NGOs, little less than 10 per cent are engaged in health related activities, besides other activities related to other social and economic sectors. An examination of the objectives and goals of these NGOs showed that these organisations are engaged in multiple sectors (Graph 4.2).Only about 10 per cent have a major focus on health whereas another seven per cent NGOs work in few other sectors besides focusing on health.

Graph 4.2: Percentage of NGOs Working on Issue of Health along with Others (N= 915)



Source: Based on scoping exercise on number registered NGOs in India nd their organsiational objectives and involvement in various activities at grassroots levels

There are major challenges that contribute towards lower access to health services in general and among marginalised groups in particular. Among others, the lack of awareness is a great problem in successful implementation of these programmes. Health centres at community level have not been well equipped with basic medical facilities as well as trained personnel. Lack of awareness regarding government policies and schemes is another problem, and calls for improving the mechanism for proper dissemination of information about various services. There are also other systemic challenges. The behavioural aspects of service providers in terms of negligence, and non-functionality of community level health centres also remain a critical issue. While sharing their experiences, about 25 NGOs working on health and other issues at the community level pointed to some major challenges that people face at community level in course of accessing public health services (Box 4.1). As shown, the role of service providers remains critical to the access to health services.

Box 4.1: Problems in accessing health services at village level

- Discrimination/passing derogatory remarks Immunization not done
- Facilities of RSBY (health insurance) card denied by the hospital
- Unable to use RSBY card
- ICDS centre not providing health services
- Hospitals refusing to provide services
- Community suffering from unknown epidemic
- Money demanded for public health services
- Problem of water borne diseases

Source: Based on experiential; accounts of about 25 NGOs in a workshop organsied by IIDS and PACS India on 15 July 2016,

Although there are health facilities, people cannot access for many reasons, important one being the non-functional of health organisations or indifferent attitude of the service providers. The SDGs recognize local specific needs and challenges. In this context, the issue of monitoring and evaluating SDGs remain critical to understand periodically what are the lessons learnt from strategies and operation of programmes and what are the options

SECTION - 5

ROLE OF POLICY RESEARCH INSTITUTES IN HEALTH SDGs

As the first step in the direction of taking up the SDGs as national priority in early 2016 immediately after the implementation of SDGs, the NITI Aayog organised a national consultation on 'Road to Sustainable Development Goals: Focus on Health and Education (SDG 3 and 4)' in collaboration Research and Information System for Developing Countries (RIS) and UNDP. Besides the members/officials from various ministries and NITI Aayog, experts from different Policy Research Institutes were invited to deliberate in various s sessions. The special session on health SDGs focused on issues related to inter-connectedness of health SDGs, with issues such as role of sanitation, water management and food security on health outcomes, public health management and community health care, role of health education, tackling alcoholism, drug abuse and mental health issues, role of public advocacy, new approaches to data collection, capacity building of service providers, Integration of Indian Systems of Medicine (ISMs) with Public health care system and so on. The main point that emerged from the national consultation was that the apex body in charge of the implementation of SDGs, should take cognisance of the role of various policy research institutes (PRIs) in the country in the discourse of implementation. The NITI Aayog called for increased support for strengthening SDG implementation through reviews of progress, data generation, and capacity-building to better inform the measurement of progress in line with national circumstances, policies and priorities. Thus, from the administrative point of view, although a strong bureaucracy driven system continues to influence policy, the engagement and contribution of PRIs in policy making and implementation process cannot be undermined. For instance, critical evaluation and monitoring of the NRHM (National Rural Health Mission) by the International Institute for Population Sciences led to the addition of the component on adolescent health in the subsequent phase. Data users' conferences organised by PRIs is known to give direction to the process of data collection and thus adds to the kind of questions which become relevant to policy. The government remains open to outside expertise in various realms of activities and looks for expert input, and gets engaged directly with PRIs. The NITI Aayog, which takes the major responsibility for the planning and implementation of SDGs in coordination with government, is itself envisaged as a 'think tank' like many other PRIs.

5.1: Policy Research Institutes and SDGs in India

This section primarily aims to map the role of PRIs with focus on Health Policy Research Institutes (HPRIs) that are working towards improved health outcomes. The PRIs are usually acknowledged to be concerned with the creation and communication of policy relevant knowledge, often facilitating public dialogue and contributing to greater transparency of the policy process (Shaw et al, 2014). In the context of health SDGs, 'Think tank and health policy institutions are key players in the knowledge-policy interface for health, largely through their high quality, policy relevant research and engagement; their ability to carry out the monitoring and tracking of progress around policy implementation; and as places for policy dialogue and the bridging between national and global efforts relating to the SDGs.' (Taylor, 2017). In response to perceived challenges in the context of health SDGs, as he argued 'unless knowledge sharing, capacity building, and innovation across the full extent of the 2030 Agenda for Sustainable Development are intentionally supported and sustained, progress towards achieving the health related SDGs could be severely compromised.' Similarly, according to Kickbusch and Hanefeld (2017) 'Academic institutions and think tanks are uniquely placed to broker links between different sectors and assist with cross cutting approaches to achieving the health related sustainable development goals.'

Against the above backdrop, in the following section an attempt is made to reflect on the key role of PRIs and HPRIs through scoping study and empirical research (case studies). The analysis is primarily based on 30 PRIs, 44 HPRIs and six case studies on HPRIs. How do policy research institutions help in catalysing progress towards the health SDGs? This asks for understanding the varied role in knowledge generation and dissemination, engagement in policy development, engagement in impact evaluation of programmes, research accountability to national goals, and challenges that the PRIs face.

5.1.1: Policy Research Institutions in India and their Roles: An Overview

India is one of the top-ranking countries in world with the largest number of PRIs or research think tanks. These include both government aided and privately funded organisations. All these are engaged in in-depth research on economic, social, and political issues of the country. The government has set up research institutions with the aim of undertaking research in various realms of economy, polity and society, periodically assessing government policies and providing training to various stakeholders to increase their efficiency to bring reforms and changes in society.

The Government of India, under the Ministry of Human Resource Development, has set up the Indian Council of Social Sciences Research (ICSSR), as an autonomous body to promote research in the field of social sciences. It consists of a group of 30 research institutes to undertake research in a wide spectrum of issues relating to development in the realms of economy, polity and society. In line with the ICSSR for promoting research in social science, India has the Council of Scientific and Industrial Research (CSIR) that has emerged as the largest research and development organisation in the field of science and technology and human resource development. It promotes scientific knowledge that has relevance for both social and economic development. As a premier national R&D organisation, it is now one of the largest publicly funded R&D organisations in the world. It consists of a network of 38 institutes and laboratories and 39 outreach centres covering most areas of science and technology. In the last decade, the Indian government also established a small group of eight National Institutes of Science Education and Research (NISER) along the lines of other institutes engaged in advance scientific research, to carry out research and training in science education and promote scientific temper and develop human resources for scientific research.

All the institutes under the ICSSR, CSIR and NISER constitute an important mechanism for building of research capabilities in the country. Some of the institutes are closely associated with national and state level planning and development agencies, and have thereby strengthened the links between research and policy making. These institutes, however, have set up their own direction of research and have been able to generate substantial empirical knowledge on a wide spectrum of subjects that would have relevance to development of the country. However, there are many privately funded policy research institutes which, with the support of either the national government or other international organisations carry out a substantial proportion of research activities in focused or interrelated areas.

In view of the specific purpose of the study, an attempt was made to analyse the role of PRIs working primarily in the field of social sciences. However, there was a specific focus on research on health. A cursory look at the activities of the group of 30 research institutes recognized by the Indian Council of Social Sciences Research (ICSSR) under the Ministry of Human Resource Development indicates that the area of research they are engaged in, covers a wide spectrum of issues relating to development. These broadly include– rural and urban development, agriculture, industry, poverty, employment, public policy, problems of governance, political system, political institutions, education and human development, health, nutrition, diversity, demographic change, urbanization, rehabilitation, ecology and environment, society and development technology, resource management problems of weaker sections of

society, social violence, region-specific socio-economic problems related to development, regional variations in the levels of development; and other socio-cultural and institutional aspects of development. In the process, they have contributed to not only an awareness of the nature of development problems but also potential solutions. Another important activity is that these research institutes promote capacity building for undertaking research activities, and also engaged in regular dissemination research outcomes for policy development.

Box 5.1: Health Policy Research: A Leading Institute

It may worthwhile to mention here that, although a significant proportion of the ICSSR recognised institutes work on the issue of health, one such institute, Institute of Economic Growth (IEG) has a unit- Health Policy Research, which carries out research that is directly relevant to the changing health scenario in India, and focuses on topics that either are currently of interest to policy makers, or should be brought to their notice. Importantly, it has expanded research in the area of health economics. The unit is also involved in collaborative research across organisations, institutes, states as well as countries to inform policy making in priority areas. Its expertise and contribution could be understood from some of the major researches in the area of health such as health and poverty, health issues of vulnerable populations like the elderly, adolescents, women, health financing and insurance, and alternative modes in the context of universal health coverage, determinant of health care, economic impact of major health problems and diseases, impact of health technology and cost-effectiveness of health interventions. Many of these focused areas appear having relevance in the context of health-related SDGs of India. Another aspect is that the research focus of the IEG unit has expanded especially to other South Asian countries. In addition to research, the unit is also well known for capacity building of members of both government and non-government organisations. It has also been involved in lending technical support to many national and international organisations on health economics and policy and applied econometrics for health sector analysis, besides other methodological approaches for the analysis of different aspects of health. Because of the quality research on health, the IEG unit has earned a reputation of being one of the leading institutes where health policy research takes place in India. It engages policymakers in dialogues and discourses to effect changes in policies in the health sector of the country and many high-level committees and advisory groups set up by the government consider its expertise in key decisions.

Although, majority of these institutes have core areas of research keeping in view the vision and mission of the institutes; they keep on expanding their research to new areas depending on changes in nature of social and economic problems. A look into the research engagement of these institutes reveals that about half of them undertake research on health related issues. However, with the recognition of significant role of PRIs in engaging in wider public debate and shaping policy, and scope of the study; this section profiles 44 premier PRIs working on the area of health to understand their role and contributions towards achieving health goals of the country, with a specific reference to health SDGs. These include mainly national PRIs besides a few oversees ones which have set up their India operations and work on health related issues.

5.1.2: Health Policy Research Institutions and Health Related SDGs

Besides the ICSSR recognised institutions, there are other organisations which have a focus on health related issues apart from other areas of development. For this study an attempt was made to trace the national level institutions, which have a focus on health. Although a large number of such institutes were identified, 44 were shortlisted keeping in view their research on various aspects of health activities; besides other constraints within the framework of the study. Further, an attempt was basically made to profile their nature of activities and focus areas related to health care or health system.

The selected HPRIs consisted of organisations registered as non-profit non-government organisations, India international development agencies, international non-profit health organisations, international humanitarian organisations, global non-profit organisations, public-private initiatives, network of NGOs, non-profit society, civil society organisations, Trusts, charity organisations, autonomous research institutes, non-profit think-tanks and special centres for providing health education. Of the 44 organisations (see Annexure 2) which were profiled for the study, more than half were registered as national CSOs/NGOs/Trusts/non-profit society, etc. Others included India international organisations and government supported autonomous organisations. Majority of the HPRIs have collaborations with national and state governments and other national and international organisations. Their collaborations revolve around research and technical support, collaborative research, capacity building initiatives, dissemination of research outcomes and so on. Details on nature and purpose of collaboration are discussed later in the context of case studies. As evident from the organisational profile, some of the major funding partners are: Ministry of Health and Family Welfare; UN organisations like the World Bank, WHO, UNAIDS, UNDP; major bi-laterals like DFID, AUSAID, SIDA; and others like the International AIDS Vaccine Initiative (IAVI), Centre for Global Development (CGD), Centre for Chronic Disease Control, Ford Foundation, Population Council, etc.

A detailed analysis was done to understand the Research and Development (R&D) activities of HPRIs and the areas of health they work upon (Table 5.1). The R&D activities included research, capacity building, programme implementation, monitoring and evaluation, policy development/input and policy advocacy; and other interrelated activities such as providing health education, network building, philanthropic programmes, using health technology, and providing health services, etc. Similarly, focused health areas include maternal and child health, reproductive health, sexual health, HIV and AIDs, communicable and non-communicable diseases, family planning, mental health, health management/administration and coordination, strengthening health care system, quality and process improvement, nutrition and health related issues (hunger, food security, feeding behaviour, WASH (water, sanitation and hygiene), health ICT, safe abortion, etc.)

Table 5.1: Nature of Research and Development Activities in Different Health Related Issues Taken up by HPRIs (N=44)

Research and Development Activities of HPRIs	Focused Areas of Health
a. Research (Public Health Bio-medical, clinical, operational and socio-behavioural) b. Capacity building/Training of professionals/ health workers and health institutional system c. Implementation of health programmes d. Monitoring and evaluation of implementation of health programmes e. Policy input/policy development f. Social action, advocacy, campaign, awareness g. Others (health education, behavioural changes, network building, philanthropic programme, health technology, public health services etc.	a. Maternal and child health b. Reproductive health c. Sexual health including HIV& AIDs d. Communicable/non-communicable disease e. Mental health f. Family Planning g. Health management/coordination, strengthening health care system, quality and process improvement h. Nutrition i. Others (health ICT food security, feeding behaviours, WASH, safe abortion etc)

Source: Based on profiles of 44 HPRIs

Table 5.2 shows that of the total HPRIs working on health issues, a majority (80 per cent) are engaged in research whereas 59 per cent in capacity building or training for health professionals and health institutional system. Only about one-fourth are engaged in implementation process whereas one-fifth are engaged in monitoring and evaluation. It is a fact that implementation and monitoring activities are largely taken up by government

agencies with the help of local organisations, so, involvement of HPRIs become minimal. The ones that have taken part in implementation and monitoring, have done so either through evaluation research or consultancy.

However, as HPRIs are mandated with research and policy engagements, about two-third are engaged in policy-related activities, which include providing direct policy inputs to policy makers through different communication strategies (30 per cent) or being part of other policy advocacy programmes or in health awareness programmes based on research evidence (34 Per cent). There are some PRIs which are involved in both types of activities. About half of the HPRIs are also involved in other development activities such as providing medical education, empowering local health service providers and beneficiaries, changing health seeking behaviours and networking along with the main research and policy engagement activities.

Table 5.2: Percentage of HPRIs Engaged in Various Activities on Health Issues (N= 44)

Nature of Activities on Health Issues	% of HPRIs
Research on Public Health Issues	80
Training/Capacity Building	59
Implementation	27
Monitoring & Evaluation	20
Policy Input/ Policy Development	30
Social Action/ Advocacy/ Campaign/ educating/Orientation on Pub Health	34
Others (Education, Empowerment, Behavioral Change, Network)	55

Source: Based on Profiles of 44 HPRIs.

An analysis of the reported combination of activities revealed that the highest percentage of HPRIs (50 per cent) are engaged in both research and training, whereas 40 per cent are engaged in research, policy engagement and other social action. While about 41 per cent, are engaged in education, health awareness, institutional networking etc. besides research activities, and only about 15 per cent each are engaged in research and implementation, and research and monitoring. Thus, the results point that many PRIs consider research as principal institutional agenda. Their role in policy making process is needs to be promoted.

Table 5.3: Percentage of HPRIs Focusing on Specific Health Related Issues (N= 44)

Specific Health Issues, Nutrition and Others	% of HPRIs
Mother Child Health (MCH)	59
Reproductive Health (RH)	52
Sexual Health/ HIV/AIDS	30
Communicable/ non-communicable diseases	20
Health Management/ Coordination/System	27
Family Planning (FP)	25
Mental Health	9
Nutrition	32
Others (sanitation, food, hygiene, feeding, safe abortion, and other health care needs/problems	32

Source: Based on Profiles of 44 PRIs. Note- Analysis considers multiple responses.

Another issue considered for analysis is related to the focused health areas. Table 5.3 shows the distribution of HPRIs across their focused areas of health. It was found that more than half or 50 per cent of HPRIs are working on health issues related to maternal and child care, and reproductive health. About 30 per cent work on specialised area of sexual health and HIV/AIDS. A relatively lesser number of HPRIs focus on family planning, health management and communicable and non-communicable diseases. However, along with health about one third are engaged in nutrition component and a similar percentage of HPRIs was found engaged in providing other services which were directly or indirectly related to health such as hunger, food security, improving feeding behaviours, Water, Sanitation and Hygiene (WASH), health ICT, medicine supply, safe abortion, and health care needs and problems.

An analysis of multiple areas of work reveals that more than one-third of PRIs take up the issue of MCH and RH together, followed by 23 per cent taking up health and nutrition together. About one-fifth focus on RH along with sexual health and HIV/AIDS whereas only 14 per cent focus on both MCH and sexual health and HIV/AIDS. Nine per cent PRIs each focused on combined areas such as MCH and FP; RH and Communicable/ non-communicable diseases; and RH and FP.

5.2: Role of Health Policy Research Institutes: Analysis of Case Studies

This section discusses the experiences and perspectives of key respondents (experts) from six premier PRIs committed towards health issues. Notwithstanding the small number of key informants, these are considered as case studies of HPRIs, which provides valuable insights into their key role in health SDGs, and potential challenges and opportunities in the process of their implementation . These HPRIs are well known for their distinctive contribution in core areas of health system such as family planning, maternal and child health, generation of health data reproductive health, communicable and non-communicable diseases, public health, and health and nutrition. These six HPRIs include: a government institution under the MHFW, an autonomous body under the central government; an institute of public and private initiatives as a prominent think tank in the area of health; two national level non-profit non-governmental organisations well known for knowledge management and policy advocacy in the area of public health; and a registered society that undertakes research and policy advocacy with a focus on the convergence between health with nutrition. Moreover, they have a strong association with the government for their contribution towards national health system and promotion of public health.

The key informants who responded to our queries are specialized in demography, integrated development of health, reproductive and maternal health, health and nutrition, health disparities, and health communication. As mentioned in the methodology section, the experiences and perspectives of experts were collected through a semi-structured interview (Annexure 3). The responses were collated based on broad indicators such as collaboration/partnership, new initiatives in view of health SDGs, strategies of communication, impact, institutional development, perception of policies and programmes in relation to SDGs, equity in health SDGs, data management, convergence of SDGs and perceived challenges. Key observations from these case studies are discussed in the following sections.

5.2.1: Strengthening collaboration/partnership

The responses showed that all the HPRIs have collaboration/partnership with various partners like universities, NGOs, CBOs, and other organisations. They have networking with other HPRIs for the purpose of knowledge sharing and capacity building. They network with national and state governments for research and technical support and other collaborative research activities, besides policy engagements. All the HPRIs have established a strong collaboration and partnership with different national and international development agencies such as WHO,

UNICEF, European Commission, World Bank, DFID, USAID, MacArthur Foundation, BARR Foundation, UNFPA, Plan International, CARE India, Indian Association for the Study of Population, Population Council, and other leading university-based institutes working on health related issues. The nature and purpose of their collaboration/partnership could be understood from some of the responses, as given below:

> 'We work closely with the government and civil society organisations to influence policies through research based evidence with the purpose of promoting sustainable food security. The nature of collaboration is therefore multi-fold. Through collaboration with government we provide a lot of technical support. For civil society, the role is convening and stakeholder alignment on particular issues. Another is social watch: suppose there are certain issues of public interest we take up those with the support of civil society. We also play other collaborative role in knowledge management, where we document evidence and share'. - (Key Informant of an INGO)

> 'We have collaboration with a range of Asian Research Institutes to improve public health in India and influence global public health issues. In recent years we have collaborated with 17 institutions in India working on health besides other premier research institutes. Internationally, there is networking with seven institutes working on health medicine and more than 30 university departments with a similar research focuses. - (Key Informant of an public Institute)

> 'The purposes of collaboration are seeking for funding, technical support and capacity building. The purpose is mixed. Both funding for surveys and also undertaking collaborative research such as evaluation of an intervention project at local level. The engagement also includes short term consultancy for training'. - *(*Key Informant of a University)

Except one PRI, which has limited contact with grassroots level organisations; others actively engage with these organisations for advocacy, capacity building and implementation of programmes. All the respondents are of the view that their collaborative activities have expanded in last two years mainly in the research domain. A related question was asked in the context of resource mobilization for organsiational development. All the respondents agreed that they had to use multiple strategies for resource mobilization. These HPRIs see their relationships with funding agencies in positive terms.

5.2.2: New initiatives for SDGs 3

Keeping in view the health SDGs, it was explored if 'new initiatives were taken up in the last two years', and how were the new programmes/ projects undertaken over the last two years different from the earlier ones? The responses clearly showed a variety of activities, of which some were of different nature. As mentioned by respondents, some initiatives in the direction of health SDGs were as follows:

> 'At state level we are engaged with five states. We are trying to work on UN SDGs and WHO accountability. To ensure accountability, we are engaged with the state Food Commission in one state. We tabled some of the mandates of food security law in two states. In one state, we have signed a MoU with SDG centre, set up by the state government, and our mandate is to achieve SDG 2 which is linked with SDG 3 in many ways. We are also engaged with the government of India in providing technical input to national nutrition mission, and currently we are also engaged in bringing out guidelines and prevention strategy related to under-nutrition. Through engagement with food commission, we provide data, facts, knowledge. The commission now integrating nutrition in their meetings and discussions they are also monitoring the programme. We organize consultations on issue of nutrition to keep the issue alive, to sensitize stakeholders so that their commitment towards national goal is raised'. – (Key informant of an INGO)

> 'Some of the major programmes in last two years are- (i) providing reproductive and child health information to the rural women; (ii) community engagement for the new-born care; (iii) non-invasive self-testing for early detection of HIV among pregnant women in hard to reach areas;

and (iv) early detection of signs of pre-term birth among the rural women. Under the health information project, IVRS technology is added for wider reach. Under pre-term birth project, saliva samples are taken for detecting pre-term birth. All these initiatives will reduce the chances of morbidity and mortality among mothers and children'. - (Key informant of an NGO)

'We have taken up a new round of national family health survey. The continuing projects at national level would contribute to get the baseline on SDG3 indicators. We also organize seminars and present/publish papers on MDGs and SDGs based on the analysis of large scale data' – (Key Informant of a research and teaching Institute of the MHFW).

'As a part of the training agenda of the organisation, we organised training programmes to enhance management capacity among state government doctors and programme implementers. This will improve efficiency of MCH and NCD services.' - (Key informant of a health NGO)

5.2.3: Dissemination and policy communication

Research efforts are furthered through the dissemination of the institute's findings, ongoing training, educational functions and service activities. As found from the 44 HPRI profile, close to two-third of the PRIs are actively engaged in providing policy input to government and other social action to strengthen policy advocacy initiatives. For the purpose of this study, two questions were asked to key informants of the HPRIs: (i) 'How are the policy related research outputs of the organisation communicated to the policymakers?; and (ii) 'Did organisation organise any national or international seminars/conferences/discussion with a focus on any component of Health SDGs?' The responses indicated a thrust on communication vehicle as powerful tool for ushering in the change. The mode of communication included various approaches such as publications, personal engagement with policy makers, membership of task force groups, organisation of dissemination or advocacy seminars, preparation of policy briefs or summary papers, preparation of fact sheets, preparation of guidelines or 'regulation' for effective implementation of programmes, and creation of media centres. Few organsiations had publications/paper presentations on health related MDGs and SDGs; and other events focusing on health SDGs. Impact of these initiatives could be understood from two cases in point:

'We have published implementation research findings in international peer reviewed journals. WHO followed up HIV self-testing model and recommends in the "WHO self-testing guideline'(A middle level key informant of an INGO)

'There were two such important events as launching of global nutrition report and a roundtable on SDGs and WHO targets. These were attended by policy makers and political leaders. Similarly, another event was a national consultation on how to strengthen convergence village to national level'. - (Key informant of an NGO)

Related to policy communication, a question was asked such as 'How did the work of the organisation contribute toward health-related policies/programmes?' This question however did not evoke much response. As mentioned by one respondent it always remains difficult to assess the impact. But this could be sensed from the responses of policy makers towards research outcomes. As another respondent simply puts 'most government policy report/documents on health, nutrition, sanitation HIV/AIDS use our data including NITI Aayog.'

5.2.4: Perceptions of policies /programmes on health SDGs

As mentioned earlier, the NHP 2017 is aligned with the health-related SDGs, professes its commitment to strengthening the public health system and providing quality health care to all. The policy document lists out many short term health goals which appear laudable objectives in view of health SDGs. While the recommendations of the NHP are commendable, it needs critical assessment for possible changes keeping in view the health goals. Accordingly, questions were asked as 'What policy changes do you think are required to ensure progress in related SDGs?' and 'What are the gaps which need to be filled in achieving the health-related

SDGs?' There were mixed responses. About half of the respondents had a positive opinion on NHP 2017 and found that it integrates health goals. However, others were critical of health policies, and were of the opinion that there was enough scope for changes in the existing policies on health. As one respondent said, 'health has not been top most priority agenda of government. Keeping health problems in micro level planning is important. Accordingly, technical support needs to be provided to various stakeholders working at local level.' Similarly, another respondent opined, 'government is not making robust pathways to achieve the SDGs. It is not focusing on finance and other management issues to reach out SDGs in certain areas and groups'. Responding to a related question dealing with the multi-sectoral partnership at different levels (planning/ co-ordination/implementation), except one respondent, others strongly believed that multi-sectoral partnership is required to achieve the SDGs goals or targets. According to them, SDGs cannot be achieved through unilateral efforts, it requires convergent approach. However, multi-sectoral partnerships have not been visible prominently in the early stage of implementation of health SDGs.

5.2.5: *Health equity*

The SDG Agenda 2030, is governed by the principle of 'leave no one behind'. It is therefore important to ensure that the vulnerabilities of the socially excluded communities are recognised and addressed under different goals and targets. In the area of health one of the major concerns has been the low access of socially marginalized population to health services and their vulnerability to lower health status. Given the significance of the issue of equity in the implementation of health SDGs, it was asked 'How can the health needs of the various marginalised groups be addressed?; and 'How does the work of the organisation adhere to inclusive development?' While sharing their experience of organisational activities adhering to equitable development, it is reported that at some points of time, they have been engaged with marginalised groups. However, the responses showed that there is a need to increase the sensitivity of all stakeholders towards the marginalised groups. Specific monitoring tools should be designed to track the health status of the marginalised groups. Some of the common strategies for achieving equity in health goals, as suggested, are:

> 'We should have monitoring tools to know about the status of the marginalised group periodically. We get data on everyone but do not disaggregate data'.
>
> '…Because of village structure in India, some marginalised communities stay in hamlets. So we need 'hamlet approach' to reach out to all'.
>
> 'Local Panchayat should be involved in micro level planning and social audit to inform about needs of various groups'
>
> 'NGOs are mainly involved in the implementation of the project. They should be sensitized to give priority to reach out to the marginalised groups'.
>
> 'Government should design need based and area specific health programmes along with on-going programmes for all, and implement them with active participation of beneficiaries'.

5.2.6: Management of data on health issues

There are several data sources for health indicators. These are Census, National Sample Survey, Country Health Statistics, National Family Health Survey, District Level Household Survey and micro level studies undertaken by research institutions and also doctoral research. Because of these multiple sources; data on a variety of health indicators are reported. However, it is reported that 'the biggest data challenge' is the identification and recording of beneficiaries. Infant and child death can often go unreported if the information is not sought sensitively. Information about girls and women is often laced with bias and remains under-reported (Acharya and Pal 2017). Thus, identifying data gaps, and data recording for policy formulation

and implementation have been major challenges. There is a need of health management information system for the purpose of collating the data needed by policy makers and health service providers to improve and protect population health. Given that data generation has a significant bearing in the implementation of SDGs, it was intended to understand 'What type of data is generated by PRIs on health-related SDGs?, What are the major sources of data that PRIs use to understand various issues related to health?, 'What mechanisms are there in organisations for collection and collation of data?', 'What are the data gaps in assessing the progress in health-related SDGs?' It is found that majority PRIs use secondary data from various sources such as Census of India, National Sample Survey, National Family Health Survey, District Level Health Survey, and IHDS data, to understand various issues related to health. Only one PRI- International Institute for Population Sciences, Mumbai, generates primary data through large sample surveys, which is in fact, largely used by others depending on their research interests as these data are online and freely available to researchers and organisations. Two PRIs have developed a mechanism for data repository. As one respondent says:

> 'We developed institutional MIS and Dash Board for different projects and we are trying to assimilate the data for measuring the progress to reach towards Health SDGs in the project areas.'

Responses on data gaps in assessing the progress in health-related SDGs indicated lack of health data on adolescents, disaggregated data by groups associated with different social identities, data on inequality at the district level or below, and data on annual basis.

5.2.7: Convergence in SDGs

In the post-2015 Development Goals, India recognizes the need for convergence between the SDGs and MDGs. Key factors that helped spur progress towards MDGs are incorporated in the SDGs. A variety of measures are also announced to accelerate the process of growth with equity and sustainability. WHO also explores and examines the implications of emerging issues such as technological and environmental change on global health. Considering the cross-cutting nature of many sustainable development challenges, in line with WHO's query on 'how health contributes to and benefits from the other 16 SDGs', the government of India calls for improved situation with respect to economic conditions, health, education, sanitation, and social security besides focus on improving environmental development. The government has adopted the principle of "together with all, development for all". How far the government's concerns are reflected in the PRIs initiatives to understand health issues form inter-sectoral perspectives. With the recognition that health-related SDGs are linked to other SDGs and the targets under the health SDG are also interrelated; respondents were asked to suggest ways for better convergence between health SDG and other SDGs, within the health SDG targets. As revealed, all the respondents agree that health-related SDGs are linked to few other SDGs like nutrition, sanitation, feeding behaviours. But they are of the view that concerted and specific efforts have not been made for such convergence. No model of convergence is available for different interrelated SDGs. As two respondents observed, convergence building should start from the concerned ministries. For better convergence to happen, multi-sectoral collaboration is required. It is also reported that the National Health Mission is looking into this issue. The Ganga Action Plan (GAP), for instance, demands the convergence of the Department of Water and sanitation, Department of Water Transport, and Ministry of Environment.

5.2.8: Major Challenges in Health SDGs

The roles of researchers in any PRI have significantly changed with time. Given that research needs to be linked to policy making and social change besides knowledge generation, researchers are expected to perform multiple tasks intertwined with research activities.

Moreover, with the changing focus on national policies, researchers in PRIs in particular, have to expand their research focus to meet the interests of society. In the context of health SDGs, changes in healthcare targets require policy development and implementation, in which PRIs would be expected to carry out goal-related tasks for which they may need to change their approaches to research activities. With the aim to understand the challenges that PRIs face in carrying out tasks/assignments in relation to targets, respondents were asked to share their experiences. The major challenges that PRIs acknowledged in the context of health SDGs and strategies they adopt to overcome them are presented in Table 5.4.

Table 5.4: Major Challenges Faced by HRIS and Strategies to Overcome Them

Nature of Challenges	Ways to Overcome Challenges
• Lack of knowledge about SDGs among people. • Lack of long term funding to hire best talent. • Lack of priority to health SDGs • Policy makers are not committed to bring accountability. • Difficulty in showing robust evidence with time-bound projects. • Carrying out collaborative work. • Lack of theme and issue based disaggregated data. • Data management through ICT support • Improving content of large surveys • Generating revenue for self-support	• Close monitoring of work with changes in approaches if required. • Contractual hiring • Continuous capacity building to successfully complete task • More through institution-based collaboration than collaboration with other stakeholders. • Avoid undertaking a programme activity.

Thus, data based on case studies of PRIs provided a lot insight into the functioning of PRIs working on different aspects of health. The evidence points that PRIs are engaged in widespread collaboration to achieve their institutional objectives that contributes towards national goals. Researchers in PRIs play a major role in organisational growth and development through their engagement in multiple tasks and with different stakeholders. They, in fact, establish a link between policy makers at the top level and policy advocacy groups at grassroots level in the process of implementation of policies and programmes. Although they face many challenges in the process of undertaking various tasks such as research, training, evaluation and policy development; they find their own ways to overcome them to achieve the organisational targets. Thus, PRIs influence policy making in different ways. They influence data gathering, and give a direction to the nature of data collection. In almost all development in SDGs, PRIs through their policy-informed research play significant role. They not only create and refine the multidisciplinary field of health care research, but also focus on issues that are highly relevant to addressing the challenges confronting health care today

SECTION - 6

CONCLUSIONS AND RECOMMENDATIONS

This study provided a lot of insights into the existing situation with regard to national institutional arrangements for coordination of the implementation SDGs, the role of key stakeholders, and challenges to achieve SDGs. It is quite evident that in India, specific institutional mechanisms have been set up at the national and state levels to coordinate the implementation of SDGs. However, adequate institutional arrangements in public spheres may not be adequate to ensure a fast progress towards achievement of SDGs. What matters is the accountability of key stakeholders at national level and partnerships with other stakeholders depending on their strengths. This section highlights key observations and puts forth some recommendations for consideration.

6.1: Conclusions

At the national level, NITI Aayog and the MSPI, as nodal bodies hold the fort whereas individual ministries take the responsibility for the implementation of each SDG in collaboration with other ministries and departments. In the context of health SDGs, it is the NITI Aayog which coordinates with the MHFW for its implementation. The NHPW works in collaboration with other ministries such as MAYUSH, MWCD and MDWS.. There are also specific institutional arrangements at the state and local level which are directly involved in the implementation process.

HPRIs play a significant role in the context of health SDGs by creating research based evidence besides being involved in evaluation, monitoring, capcity building and advocacy. They sometimes function in close association with various national ministries, government bodies, policy makers, national and international development agencies, research institutions, academic institutions, and civil society organisations. They have been able to forge partnerships with diverse stakeholders in India and abroad and are in a position to positively contribute to achieving the health SDGs. Many national level HPRIs have regional level units/centres to undertake research and policy communication activities. Hence, they can play a bigger role in addressing the context-specific problems in the process of implementation. HPRIs support government in policy formulation and planning, and at the same time provide support to non-governmental organisations in providing knowledge input on implementation gap and policy advocacy. PRIs as knowledge producers and providers can play a key role in national level initiatives. HPRIs can play a vital role in universal health coverage at the national level through analysing and assessing progress towards the health targets and identifying bottlenecks in the implementation process.

There are a group of CSOs/NGOs which collaborate with national, state and local government institutions, and also international organisations for effective implementation of various health programmes. INGOs play an important role in guiding the implementation process, capacity development of stakeholders, and providing other technical support to national level organisations. Partnership with private sector would supplement public health provisioning, their support are sought within a regulatory framework,

Various stakeholders such as national and state level nodal ministries, community level public institutions, HPRIs, CSOs/NGOs, INGOs and other private sector agencies thus have specific roles to play in the process of implementation of SDGs. An environment of encouraging collaborative work and upholding the trust of multiple stakeholders working in the area of health, thus, can promote equitable and sustainable development.

In India, ensuring 'health for all' is a constitutional obligation of the State. India is well engaged in setting the implementation of the 2030 health agenda. Institutional arrangements are made to undertake the challenge of coordinating and implementing SDGs. It is the time to strengthen inter-sectoral coordination and also bringing reforms in existing institutional structure to promote and monitor the implementation of health SDGs to ensure achievement of targets set by the government.

6.2: Recommendations

Amid discussion about institutional arrangements for SDGs implementation, there are some institutional challenges as well. It remains a great challenge to establish a robust connection between nodal ministries responsible for sustainable development and those responsible for providing support on various aspects in mainstreaming development as between the MHFW and other ministries in case of health SDGs. In view of their own priorities and responsibilities towards the implementation of various health targets, loss of transparency and equal accountability could be a possibility. With existing institutional structures where stakeholders do not see the interconnected nature of targets, their commitment to various goals under other nodal agency, may not work automatically. If an integration and collaboration among stakeholders is sought, then the government through high level inter-ministerial committees or ministerial secretariat or Task Force needs to act as a driving force for ensuring accountability of partner ministries for implementation of SDGs. In similar line, keeping in view the vast regional diversity, there is a need of institutional arrangements in the form of regional or zonal bodies for a group of states to oversee the implementation progress. It is a fact that different regions lag behind in various health indicators and are at higher risks. Further, the problems related to health differ from state to state on account of varied socio-economic determinants. National institutional arrangements on SDGs need to consider regions of special needs. Otherwise, as usual they would be left behind again.

Strengthening public institutional arrangements would act as a regulator for comprehensive primary health care for all. But other stakeholders need to work closely for achieving SDGs. Given that social determinants of health needs remain critical, the implementation process calls for attention of different stakeholders towards health care of certain social groups who continue to remain excluded. This would enable the state to ensure equitable access to all to public health services along with other basic public services. In this respect, HPRIs can play a major role in identifying the gaps in access to health care services which need to be addressed on priority.

There is a need to gather data on various aspects of health outcomes for comprehensive evaluation targets. As mentioned earlier section, there are a few HPRIs in India such as International Institute for Population Sciences, and National Institute of Nutrition which have expertise in collecting health related data. Given the fact that MoSPI has larger responsibility in the implementation of SDGs, decentralisation of data collection process may help it to focus on other responsibilities. It could tap on these PRIs to have partnerships for building data base on health related issues.

Community or local level organisations need to be aware of several interrelated health goals to bring sustainable changes. For any health programme to be effective, it is important to change the behaviour of the service provides as well as people to seek health services. In the light of learnings from the implementation of MDGs on the lack of capacity at the local government and community level workers, in particular; especially in the case of states lagging behind in development; there is a need to address the issues of capacity gaps and other supporting means of implementation.

The national health policy, 2017 has set several short term health goals, which are very much in line with the SDGs. Under the National Health Mission, social health activists are expected to provide community mental health services. But the approach towards health issues has little emphasis on mental health issues. This was quite evident from the areas of health focus of various HPRIs. It has been the lowest priority despite the fact that there are multiple associations between mental health and chronic physical conditions that significantly impact people's quality of life.

To conclude, in a country as diverse and widespread as India, achieving the vast targets of the SDGs is bound to be a huge task. When multiple institutional arrangements and stakeholders related to various SDGs are available, building strong partnerships among stakeholders keeping in view their expertise and proficiency, can yield better results in the process of implementation of SDGs in general and health SDGs in particular. Some of above recommendations are in line with suggestions of experts from HPRIs, as given in Box 6.1.

Box 6.1 Suggestions of the health experts based on Case Studies

- The Ministry of Programme Implementation should follow with the state governments on the progress of health SDGs.
- The NITI Aayog should form a state advisory body on SDGs for regular consultations.
- The inter-sectoral convergence needs to be strengthened for better health outcomes. For example, basic health outcomes need to be integrated with water, sanitation, environmental hygiene, nutrition, education on health problems. It is not different institutional arrangements for different SDGs that is important, but it is about working together to maximise resources.
- There must be better coordination for all programmes and among all concerned ministries. The MHFW needs to co-ordinate with MWCD and MP for smooth implementation of various health programmes.
- There needs to be a separate division within each Ministry/department on SDGs.
- There need to be SDGs core committees at different levels- national, state, and **regional.** Targets can be fixed from village level to national level with all cadres of functionaries.
- There is a need of stronger collaboration among PRIs working on similar health issues for better outreach.
- Better involvement of civil society organisations in implementation activities.
- Responsibilities could be given to an autonomous organisation to act as data bank and dissemination unit for the nodal national body for SDGs.

6.3: Limitation of the Study

The study is scoping in nature. Hence, the observations are bound to be limited. Because of the time frame and limited resources for the study, a systematic review of relevant literature on health SDGs could not be possible. Moreover, empirical data could not be collected on various aspects of implementation of the health SDGs from different stakeholders. Much of the data was therefore collected from national level institutions. Further, key informants from HPRIs showed a lot of apprehension to talk about t issues related to their organisations, despite efforts made by the researchers to ensure the confidentiality of information.. Because of this, many organsiations did not show interest to respond to interviews. The observations on the role of HPRIs are thus limited to few case studies.

References

Acharya, S.S. and Pal, G.C. (2017). Implementation of social protection programmes in India: Gaps and challenges. *Occasional Paper Series 40*, Southern Voice on Post-MDG International Development Goals, Centre for Policy Dialogue, Dhaka, Bangladesh.

Bhattacharya, D. and Ali, M.A. (2014). Post-2015 international development agenda: Exploring issues related to means of implementation. *Occasional paper* series 16, Southern Voice on Post-MDG International Development Goals, Centre for Policy Dialogue, Dhaka. Bangladesh

Bhaumik, S., and Chatterjee, P. (2017). *India's health policy marked a shift in the global development agenda*. Retrieved on August 2, 2017 from http://blogs.bmj.com/bmj/2017/04/07/ is-indias-national-health-policy-geared-towards-achieving-the-sustainable-development-goals/

Commission on Social Determinants of Health (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. Final report of the Commission on Social Determinants of Health. Geneva: World Health Organisation.

Detels, R., Guilford, M., Karim, Q.A. and Tan, C.C. (Eds.) (2015). *Oxford textbook of global public health*. 6th Ed., Vol. 2, Oxford, New York: Oxford Textbook.

ESCAP (2015). *India and the MDGs: Towards a sustainable future for All.* United Nations, ESCAP, February 2015.

IAPSM (2016). *Joint 43rd Annual Indian Association of Preventive and Social Medicine* (IAPSM), 7-9 January 2016, organised by the Gujarat State Conference of IAPSM and Indian Public Health Association, Gandhinagar, Gujarat.

IIPS (2017). *National Family Health Survey (NFGS-4), 2015-16*, International Institute for Population Sciences (IIPS), Mumbai, India.

IJMPH (2016). Research on social determinants of health necessary for health equity in India, Editorial. *International Journal of Medicine and Public Health* (IJMPH), 6(1), pp.1-3.

James, T.C. (2016). Health for all by 2030: Indian perspective. *India and Sustainable Development Goals: The Way Forward*, Research and Information System for Developing Countries (RIS) and UNDP, pp. 23-42.

Kickbusch, Ilona and Hanefeld, Johanna (2017). Role for academic institutions and think tanks in speeding progress on sustainable development goals, 24 July 2017, doi: https://doi.org/10.1136/bmj.j3519. Retrieved on August 2, 2017 from http://www.bmj.com/ content/358/bmj.j3519.

Melamed Claire (2015). Leaving no one behind. *Briefing paper*, UK: Oversees Development Institute.

MHFW (2015). *National Health Profile- 2015*. Centra Bureau of Health Intelligence, Ministry of Health and Family Welfare (MHFW), New Delhi: Government of India.

MSPI (2015). *Millennium Development Goals- India, Country Report 2015*. Social Statistics Division, Ministry of Statistics and Programme Implementation (MoSPI), New Delhi: Government of India.

Murray, C.J. (2015). Choosing indicators for health-related SDG targets. *Lancet*, 386, 1314-16.

NITI Aayog (2016). *Road to Sustainable Development Goals: Focus on Health and Education (SDG 3 & 4)*, National consultation, 9-10 February, New Delhi.

Planning Commission of India (2011). *High-Level Expert Group Report on Universal Health Coverage.* New Delhi: Planning Commission of India.

Rajalakshmi, T.K. (2017). A policy let down. *Frontline*, 14 April, pp.4-8.

Shaw S.E, Russell. J, Greenhalgh, T., Korica, M. (2014). Thinking about think tanks in health care: A call for a new research agenda. *Social Health Illness*, 36, 447-461. doi:10.1111/1467-9566.12071pmid:24111597. Accessed on August 2, 2017.

Taylor, Peter (2017). Health, SDGs, and public policy-the role of policy research institutions. *The bmj opinion,* July 24. Retrieved on August 2, 2017 from http://blogs.bmj.com/bmj/2017/07/24/peter-taylor-health-sdgs-and-public-policy-the-role-of-policy-research-institutions/

UNCSD (2012). Current ideas on sustainable development goals and indicators, Rio 2012 Issues, *Brief No. 6*, United Nations Conference on Sustainable Development (UNCSD), Retrieved on August 19, 2017 from http://www.uncsd2012.org/content/documents/ 218Issues%20Brief%206%20-%20SDGs%20 and %20Indicators_Final%20Final%20clean.pdf

UNCSD (2012). *The future we wan*t. United Nations Conference on Sustainable Development (UNCSD) (Rio+20) Outcome Document, June 2012, Brazil.

UNDP (2015). *The Millennium Development Goals Report*, UNDP, India.

WHO (2010). *A Conceptual Framework for Action on the Social Determinants of Health: Debates, Policy and Practice, Case Studies*. Geneva: World Health Organisation. Retrieved on August 2, 2017 from http://www.apps.who.int/iris/bitstream/10665/44489/1/9789241500852_eng.pdf

WHO (2015). *Tracking universal health coverage: First global monitoring report*, Geneva: World Health Organisation.

WHO (2015). *Health in 2015: From MDGs to SDGs*, Global Health Observatory data, Geneva: World Health Organisation. Retrieved on August 2, 2017 from http://apps.who.int/iris/bitstream/handle/10665/200009/9789241565110_eng.pdf;jsessionid=E438AA178AAE75E7207BDBD49D7E75F9?sequence=1

WHO (2016). *World health statistics 2016: Monitoring health for the SDGs*. Geneva: World Health Organisation. Retrieved on August 2, 2017 from http://apps.who.int/iris/bitstream/10665/206498/1/9789241565264_eng.pdf?ua=1

ANNEXURE

Annexure 1

Health Targets for SDG 3:
Ensure Healthy Lives and Promote Well-being for All at All Ages

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

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 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.

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.

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

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

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

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 into national strategies and programmes.

3.8 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.

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

3.a Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.

3.b Support the research and development of vaccines and medicines for communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

3.c 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.

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

Source: World Health Organisation

Annexure 2

List of Policy Research Institutes (PRIs) working on health issues selected for the purpose of profiling in terms of nature of activities and focused health areas

National	International
Public PRI/ University	
• Drug Related Infectious Diseases Institute • International Institute for Population Sciences • National Institute of Health and Family Welfare • Institute of Mental Health and Neurosciences • All India Institute of Medical Sciences • Indian Council of Medical Research (ICMR) • Institute of Health Systems • National Health Systems Resource Centre • National Institute of Malaria Research • National Institute of Public Cooperation and Child Development • Centre for Social Medicine and Community Health	• UNDP – United Nations Development Programme • UNICEF – United Nations Children's Fund • IDRC- International Development Research Center • SIDA – Swedish Development International Agency CIDA- Canadian International Development Agency UNAID – United Nations AIDS programme USAID – U S Agency for International Development • DFID- UK's Department for International Development • AUSAID – Australian Aid • UKIERI – UK – India Education and Research Initiative
Private PRI/ University	
• Centre for Development and Population Activities (CEDPA) India • Centre for Health Education, Training and Nutrition Awareness (CHETNA) • Child in Need Institute (CINI) • Family Planning Association of India • Foundation for Research in Health Systems (FRHS) • Indian Health Economics and Policy Association (IHEPA) • Interdisciplinary Institute of Health Sciences • International Institute for Health Management Research • MAMATA Health Institute of Mother and Child • Population Foundation of India • Program for Appropriate Technology in Health • Save the Children, India • SIGMA Health Care • Smile Foundation • Transnational Health Sciences and Technology Institute	• Uday Foundation • Voluntary Health Association of India Volunteers for Rural health, Education and Information Technology • Achyut Menon Centre for Health Sciences Family Health International FHI 360 • Oxfam India • ACCESS Health International, India • Agha Khan Foumdation India • CARE India • Global Health Strategies, India • HIV AIDS Alliance • International Center for Research on Women • IPAS • Pathfinder International • Plan India • Population Council, India • Professional Association of Therapeutic Horsemanship (PATH) International • Public Health Foundation of India • MacArthur foundation • Ford Foundation • Bill and Melinda Gates Foundation Clinton Foundation

Source: Based on Web-Search & Desk Review

Annexure 3

Research Tool Developed and Used for the Study

Research Study

Policy Research Institutions and the Health SDGs: Building Momentum in South Asia with Special Reference to India

Indian Institute of Dalit Studies (IIDS), New Delhi, India
In collaboration with
Sustainable Development Policy Institute (SDPI), Islamabad, Pakistan
for
International Development Research Center (IDRC), Canada

About the Research Study

This research study aims to map the national-level institutional arrangements and key stakeholders in India with respect to the implementation and monitoring of health-related Sustainable Development Goals (SDGs). The study also aims to understand the role of various stakeholders in the process of implementation and monitoring of health-related SDGs, with a specific focus on the health policy research institutions. Another important aspect of the study is to understand the inter-linkages and relations among various stakeholders in accelerating the progress towards health related SDGs. The study will also identify gaps in the implementation process, and understand other challenges that various stakeholders face in the course of their involvement in various health related activities, and possible measures that need to be undertaken to facilitate them to play their role in an enhanced manner.

Seeking Consent

The Indian Institute of Dalit Studies (IIDS) in collaboration with Sustainable Development Policy Institute (SDPI), Islamabad, Pakistan has undertaken the study to understand the role of various stakeholders/organisations in India related to health SDG for International Development Research Center (IDRC), Canada. We understand that your organisation is working in the field of health and has many enriching experiences which are worth emulating. Therefore, we on behalf of IIDS, request you to participate in the study.

We look forward to learn from your outstanding reputation as an institution and request you to respond to the questionnaire attached to this mail. We assure you that the information provided by you will be used for *the purpose of above study only*.

We seek your consent for participation in the study.

Your support and cooperation will be highly appreciated.

Thanking you
With warm regards

Sanghmitra S. Acharya
(Principal Investigator)

Gobinda C. Pal
(Co-Investigator)

Date and Time of the Interview:
Mode of Interview: Face to face/On-line/Skype

Indian Institute of Dalit Studies
D-II/1, Road No.4, Andrews Ganj, New Delhi-49

1. **Background Information**
   a. **Organisation**
      i. Name of the Organisation:
      ii. Organisation Type (CBO/NGO/INGO/PRI/Others):
      iii. Year of establishment:
      iv. Contact Details:
   b. **Key Informant**
      i. Name:
      ii. Sex:
      iii. Educational Background:
      iv. Area of Specialization:
2. **Major Activities of Organisation**
   a. Major Focus:
      i. Research:
      ii. Training:
      iii. Implementation:
      iv. Monitoring:
      v. Policy Advocacy:
      vi. Any Other (Specify):
   b. Nature of work under focus area(s), as identified in 2(a)
   c. To what extent your organisation is working or aligned with health-related SDGs?
   d. What are the targets that your organisation has set to achieve in the near future towards health -related SDGs?
3. **Collaboration/ Partnership /Networking**
   a. What are the organisations with whom you have active collaboration?
   b. What is the purpose of the collaboration?
   c. What is the nature of engagements with these partners?
   d. What are the collaborative activities you have undertaken in the last 2-3 years with them?
   e. Did collaborative activities expand in the last 2-3 years? If yes, with whom and in what ways?
   f. Does your organisation interact /work /has contacts with Local government/bodies, NGOs/CSOs/ CBOs/Other Organisations? Elaborate please.
4. **New Initiatives Undertaken in Last Two Years**
   a. What are the major Programmes/Projects undertaken in last two years by your organisation? How are they different from the earlier programmes/projects?
   b. What are the new initiatives undertaken under the new programmes/projects as mentioned in 4(a)? Please discuss in terms of their specific areas.
   c. How do you think these new initiatives will contribute towards health-related SDGs?
   d. What kind of policy research is your organisation carrying out?
   e. Who are the major beneficiaries of your work on health-related issues? How have/are they benefitted/benefitting?
   f. What are the major outcomes (in fall focus areas, mentioned in 2(a) achieved by your organisation in the last 2-3 years?
5. **Dissemination**
   a. What are the policy related research outputs of the organisation?
   b. How are they communicated to the policy makers?
   c. Please list some important publications- national or international, of your organisation (You may provide a list of the publications, if any)
   d. Did your organisation organise any national or international seminars/ workshop/ conferences/ discussion with a focus on any component of Health SDGs? (Please mention the title, date, target group, any collaboration and other details)

6. Impact Evaluation

a. How has the work of your organisation contributed towards health-related policies/programmes?

b. Do you think that there is any further scope for change in policies/programme?

7. Organisational Growth/Development

c. What have been the major sources of financial resources?

d. What strategies do you use for resource mobilisation?

e. How do you see your relationship with funding agencies?

8. Major Challenges /Constraints

a. What are the challenges your organisation faces in-

i. carrying out the mandated health SDG related tasks/assignments:

ii. organisational growth/development:

iii. collaborative work:

iv. data management:

v. Any Other (Specify)

b. How do you overcome these challenges?

9. Perceptions of policies/programmes in relation to Health SDGs

a. Is your organisation involved in policy making/implementation process on SDGs?

b. How do you think government has aligned its policies with SDGs?

c. What policy changes do you think are required to ensure progress in health related SDGs?

d. What is your opinion on the multi-sectoral partnership at different levels (planning/co-ordination/implementation)?

e. In your opinion what are the gaps that need to be filled in achieving the health-related SDGs?

10. Health Equity and SDGs

a. Marginalised groups (SC/ST/disabled/religious minorities/women from marginalised groups) lag behind on most of the health indicators. How can the health needs of these groups be addressed?

b. Some regions lag behind on most of the health indicators. How can the health needs of these regions be addressed?

c. Has your organisation worked on the issue of specific marginalised groups and regions? Please elaborate.

d. How does the work of your organisation adhere to inclusive development? Please illustrate.

11. Data Management and Gaps

a. What type of data is generated by your organisation on health-related SDGs?

b. Does your organisation have data repository/data bank? What are the mechanisms of collection and collation of data?

c. What are the major sources of data your organisation uses to understand various issues related to health?

d. According you what are the data gaps in assessing the progress in health-related SDGs?

12. Convergence of SDGs

a. You would agree that health--related SDGs are linked to other SDGs. What would you suggest for better convergence with other SDGs?

b. You would agree that the targets under the health SDG are also interrelated. What would you suggest for better convergence within the health SDG targets?

13. Suggestions

a. In your opinion, what kind of facilitation is required to contribute effectively towards health SDGs?

b. Any Other suggestions

(Thanks for Your Cooperation. We appreciate your Patience)

Annexure 4

Targets Set by India under the National Health Policy, 2017

- Increasing life expectancy to 70 years from 67.5 by 2025
- Reducing fertility rate to 2.1 (Replacement levels) by 2025.
- Reducing infant mortality rate to 28 by 2019.
- Reducing Under Five Mortality to 23 by 2025.
- Reducing premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases by 25 per cent by 2025
- The policy seeks to achieve '90:90:90' global target by 2020 – implying that 90 per cent of all people living with HIV know their HIV status, 90 per cent of those diagnosed with HIV infection receive sustained antiretroviral therapy and 90 per cent of those receiving antiretroviral therapy will have viral suppression.
- Reducing the prevalence of blindness to 0.25 per 1000 persons by 2025 and
- The disease burden to be reduced by one third from the current level.
- Elimination of leprosy by 2018, kala-azar by 2017, and lymphatic filariasis in endemic pockets by 2017.