CHAPTER 9

Sustainable Development Goals

9 Chapter Sustainable Development Goals

Audit Objective: Whether comprehensive strategies and plans had been developed to achieve the Sustainable Development Goals.

9.1 Sustainable Development Goals (SDGs): Absence of road map

There was neither any Health Policy/ Standard at the State level, nor any District Health Action Plan at the district level, to cover the broad aspects of health, for attaining SDG Goals, as well as to follow the Indian Public Health Standard guidelines for the health facilities throughout the State.

In 2015, the member countries of the United Nations (UN) agreed to adopt the 2030 Agenda for Sustainable Development. The historic agenda lays out 17 Sustainable Development Goals (SDGs) and targets for dignity, peace, and prosperity for the planet and humankind, to be completed by the year 2030. Out of the 17 SDGs, Goal 3 aimed to "Ensure healthy lives and promote wellbeing for all at all ages", having the following targets:

1. By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.
2. By 2030, to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.
3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
4. By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing.
5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
6. By 2020, halve the number of global deaths and injuries from road traffic accidents.
7. By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into strategies and programmes.
8. Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
10. Implement the WHO framework convention on tobacco control.
11. Support research, development and universal access to affordable vaccines and medicines.
12. Increase health financing and support health workforce in developing countries.
13. Improve early warning systems for global health risks.

NITI Aayog, in India, had the twin mandate to oversee the adoption and monitoring of the SDGs in the country and promote competitive and cooperative federalism among States and UTs.

In terms of the requirement of the NITI Ayog, the Chief Secretary, Government of West Bengal, had issued directions in August 2016, for preparation of a vision document up to 2030, a long-term perspective plan/ Mission/ Strategy document till the year 2025 and a short-term Perspective/ Action plan till the year 2020, to achieve SDG goal No. 3 relating to 'Good Health and Well Being'.

The existing schemes/ programmes were to be reviewed, with reference to the 2030 Agenda, to identify gaps. Indicators against all the targets mentioned in the SDG-3 had to be fixed and the progress periodically monitored, for achieving the goals under SDG-3.

No documents, however, could be provided to Audit in this regard, though requisitioned for. Further, during an audit carried out on 'Preparedness for implementation of SDGs- Goal: 3- 'Good Health and Well Being' for CAG's Audit Report for the year ended March 2018 (Report no. 8 of 2019), it had been noted that a Draft Sector Paper on Health and Welfare, to integrate the 2030 agenda of SDG, was under finalization and awaiting approval of cabinet. No approved sector paper, however, could be produced to Audit, even after a lapse of four years.

The Department in its reply (February 2024) offered no response in this regard.

9.2 Absence of health policy or attainable standards

Further, delivery of qualitative and efficient healthcare services, in public health facilities, plays a significant role in improving the health indicators of the public at large. Thus, it was incumbent upon the H&FW Department, GoWB, to carry out comprehensive and outcome-based planning, so that essential resources could be provided to the public hospitals and the available resources could be utilised optimally, in the short, medium, and long-terms.

Audit observed that neither had the GoWB framed any Health Policy and/ or Standards excepting a 'State Drug Policy and standards for CCU[194]/ NICU[195]', and Essential Drug Lists, nor had it expressly followed the Indian Public Health Standards (IPHS)[196] for the State. Though a Health Sector Strategy, for 2004 to 2013, had been framed by the H&FW Department, with objectives like improving accessibility, reducing maternal and child mortality, reducing communicable/ non-communicable diseases, ensuring quality of medical care services, *etc.*, no short-term plans were, however, framed for implementation of these strategic goals or for collating the Department's budgeting process to achieve these objectives.

Further, in the absence of any set of standards for achievement, no efforts had been made to identify the gaps in various facets of healthcare services expected from a public health system and to devise plans to plug the deficiencies. As a result, the budget estimates also were not need-based.

The Department in its reply (February 2024) offered no response in this regard.

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[194] *CCU- Critical Care Unit*

[195] *NICU- Neonatal Intensive Care Unit*

[196] *There was no annual plan/ strategic plan/ gap analysis document or any other document, wherefrom it could be stated that the State Government had adopted the standards prescribed in the IPHS, as performance goals/ parameters.*

9.3 Absence of District Health Action Plans

As per the NHM framework, the State Programme Implementation Plan (PIP) is to be an aggregate of the District Health Action Plans (DHAPs), which include the facility strengthening plans. DHAPs are required to specify the current (baseline) package of services available in each facility; as well as the inputs, activities and budget required to expand this package, improve the quality of care, expand access and enable positive outcomes in service delivery.

However, no DHAPs had been prepared and aggregated, to arrive at the State PIPs, during the period covered under audit. PIPs had been prepared without taking inputs of the requirements of the districts/ facilities.

The Department in its reply (February 2024) offered no response in this regard.

Recommendations:

21. ***The Health & Family Welfare (H&FW) Department, Govt. of West Bengal (the nodal department) may either expressly follow the Indian Public Health Standards or set its own standards.***
22. ***The H&FW Department may conduct a 'Gap Analysis' exercise to arrive at the shortages in infrastructure, man-power and services, against the set standards and prepare long and short-term health action plans, based on the gap analysis exercise. The H&FW Department may ensure that the annual budgeting process is driven by long and short-term plans.***
23. ***The H&FW Department may ensure integration of SDG goals with the health action plans and setting of intermediate targets, ensuring achievement of SDG goals by 2030.***

9.4 Adverse impacts on health & wellbeing of people

Absence of any long-term/ short-term plans, neglect of SDG goals, and an unguided budgeting methodology, led to non-achievement of the Indian Public Health Standards. Healthcare funding remained grossly inadequate in the State. Shortages were conspicuous in regard to existing resources, like physical infrastructure, human resources, drugs, and equipment. Further, there had been inadequate action by the department, in bridging the gaps in such resources, over the years. Essential drugs, equipment, diagnostic services remained inadequate/ absent in the healthcare facilities.

Lack or absence of resources adversely affected the delivery of healthcare services, in the public health facilities in rural Bengal. Essential OPD, IPD and other support services were absent in many hospitals.

Moreover, improper enforcement of schemes, regulations and provisions, including the National Quality Assurance Scheme; Clinical Establishment Act/ Rules; provisions for medical and death audits, including Maternal and Child Death Reviews *etc.*, rendered the delivery of healthcare services ineffective, to a large extent.

Resultantly, it was noticed from the fifth National Family Health Survey (NFHS) that, in regard to some major health indicators, the State had declined from its earlier standards/ levels, potentially causing a negative impact on the related SDG goal as mentioned against each indicator in the **Table 9.1**.

Table 9.1: Deterioration of Key Health Indicators of the State

Key Health Indicators	West Bengal		National	Impacted SDG Goals
	2017-19	2018-20	2018-20	
	(per 1,000)			
Sex Ratio	944	936	907	--
Crude Death Rate	5.3	5.5	6.0	--
Key Health Indicators	**West Bengal**		**National**	**Impacted SDG Goals**
	2015-16	**2019-20**	**2019-21**	
	(in *per cent*)			
Mothers who had at least 4 antenatal care visits	76.4	75.8	58.1	3.1 Reduce MMR
Mothers whose last birth had been protected against neonatal tetanus	95.4	94.6	92	
Home births that had been conducted by skilled health personnel	6.8	2.6	3.2	
Pregnant women aged 15-49 years who are anaemic (<11.0 g/ dl)	53.6	62.3	52.2	
All women aged 15-49 years who are anaemic	62.5	71.4	57	
All women aged 15-19 years who are anaemic	62.2	70.8	59.1	
Children aged 12-23 months fully vaccinated, based on information from vaccination card only	92.5	90.8	83.8	3.3 & 3.4 Reduce death from NCD and CDs.
Children aged 9-35 months who had received a Vitamin-A dose in the last 6 months	75	68.4	71.2	
Men who have comprehensive knowledge of HIV/ AIDS	25.9	15.5	30.7	3.3 Reduce death from CDs.
Men who know that consistent condom use can reduce the chance of getting HIV/ AIDS	82.6	72.7	82	
Non-breastfeeding children aged 6-23 months who had received an adequate diet	25.7	17	12.7	--
Children aged 6-59 months who are anaemic (<11.0 g/ dl)	54.2	69	67.1	--
Non-pregnant women aged 15-49 years who are anaemic (<12.0 g/ dl)	62.8	71.7	57.2	--
Men aged 15-49 years who are anaemic (<13.0 g/ dl)	30.3	38.9	25	--
Men aged 15-19 years who are anaemic (<13.0 g/ dl)	31.7	38.7	31.1	--

Source: 4th and 5th National Family Health Survey

A list of health indicators, where the performance of the State of West Bengal was below the National level, are given below:

Table 9.2: Comparison of Key Health Indicators with the National Level

Key Health Indicators (SRS)	West Bengal		National	Impacted SDG Goals
	2016-18	2018-20	2018-20	
	(per 1,00,000 live births)			
Maternal Mortality Ratio (MMR)	98	103	97	3.1 Reduce MMR
Key Health Indicators (NFHS)	**West Bengal**		**National**	**Impacted SDG Goals**
	2015-16	**2019-20**	**2019-21**	
	(in *per cent*)			
Mothers who received postnatal care from a doctor/ nurse/ LHV/ ANM/ midwife/ other health personnel within 2 days of delivery	61.1	68	78	3.1 Reduce MMR
Pregnant women, age 15-49 years, who are anaemic (<11.0 g/ dl)	53.6	62.3	52.2	
All women age 15-49 years who are anaemic	62.5	71.4	57	
All women age 15-19 years who are anaemic	62.2	70.8	59.1	
Children who received postnatal care from a doctor/ nurse/ LHV/ ANM/ midwife/ other health personnel within 2 days of delivery	NA	76.8	79.1	3.2 Reduce NMR
Children age 6-59 months who are anaemic (<11.0 g/ dl)	54.2	69	67.1	
Home births that were conducted by skilled health personnel	6.8	2.6	3.2	3.1 Reduce MMR & 3.2 Reduce NMR
Female sterilization	29.3	29.4	37.9	3.7 Universal access to sexual and reproductive healthcare services including family planning.
Male sterilization	0.1	0.1	0.3	
Condom	5.9	7	9.5	
Health worker ever talked to female non-users about family planning	12.3	17.5	23.9	
Current users ever told about side effects of current family planning method	49.6	53.6	62.4	
For Women: Blood sugar level - high or very high (>140 mg/ dl) or taking medicine to control blood sugar level	NA	17.5	13.5	3.3 Reduce death from NCD
For Men: Blood sugar level - high or very high (>140 mg/ dl) or taking medicine to control blood sugar level	NA	21.3	15.6	
Moderately or severely elevated blood pressure (Systolic =160 mm of Hg and/ or Diastolic =100 mm of Hg)	NA	5.3	5.2	
Ever undergone a screening test for cervical cancer	NA	0.2	1.9	
Ever undergone a breast examination for breast cancer	NA	0.2	0.9	
Women: Ever undergone an oral cavity examination for oral cancer	NA	0.2	0.9	
Men: Ever undergone an oral cavity examination for oral cancer	NA	0.7	1.2	

Key Health Indicators (NFHS)	West Bengal		National	Impacted SDG Goals
	2015-16	2019-20	2019-21	
	(in *per cent*)			
Women who have comprehensive knowledge of HIV/ AIDS	18.6	18.5	21.6	3.4 Reduce death from CDs.
Men who have comprehensive knowledge of HIV/ AIDS	25.9	15.5	30.7	
Women who know that consistent condom use can reduce the chance of getting HIV/ AIDS	53.9	60.4	68.4	
Men who know that consistent condom use can reduce the chance of getting HIV/ AIDS	82.6	72.7	82	
Children aged 12-23 months who have received 3 doses of rotavirus vaccine	NA	1.8	36.4	3.3 & 3.4 Reduce death from NCD and CDs.
Children aged 9-35 months who received a Vitamin-A dose in the last 6 months	75	68.4	71.2	
Children under 6 months exclusively breastfed	52.3	53.3	63.7	--
Children under 5 years who are underweight (weight-for-age)	31.6	32.2	32.1	--
Women who have high risk waist-to-hip ratio (=0.85)	NA	74.7	56.7	--
Non-pregnant women, age 15-49 years, who are anaemic (<12.0 g/ dl)	62.8	71.7	57.2	--
Men age 15-49 years who are anaemic (<13.0 g/ dl)	30.3	38.9	25	--
Men age 15-19 years who are anaemic (<13.0 g/ dl)	31.7	38.7	31.1	--

Source: 4th and 5th National Family Health Survey

The above areas need to be addressed, on priority, in order to ensure the effectiveness of the healthcare interventions by the State.

Kolkata
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(BIBHUDUTTA BASANTIA)
Principal Accountant General (Audit-I)
West Bengal

Countersigned

New Delhi
The 30 OCT 2024

(GIRISH CHANDRA MURMU)
Comptroller and Auditor General of India