

CHAPTER IX

SUSTAINABLE DEVELOPMENT GOAL – 3

Kerala has not yet formulated the action plan/ vision document for achieving the targets under SDGs. The assessment of the performance of the State with the inclusion of a few indicators *viz.* suicide rate, death rate due to road accidents and per capita out-of-pocket expenditure on health resulted in relegation of the State from first to ninth position in 2020-21. The per capita out-of-pocket expenditure on health in the State was second highest in the country. Similarly, the suicide rate per one lakh population and death rate due to road accidents exceeded the national average.

The SDGs are a universal set of 17 goals and 169 targets setup in 2015 by the United Nations General Assembly to help organise and streamline development actions for greater achievement of human wellbeing, while leaving no one behind by 2030¹⁰⁹. SDG-3, “Good Health and Wellbeing” calls on countries to ensure healthy lives and promote wellbeing for all at all ages. Under the Goal, 13 global targets were fixed to be achieved by 2030 as shown in **Table 9.1**.



¹⁰⁹ adopted by 193 Member States at the United Nations General Assembly Summit (September 2015) with effect from 01 January 2016

Table 9.1: Global targets to be achieved by the year 2030

Target no.	Brief description
3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 1,00,000 live birth
3.2	By 2030, end preventable deaths of new borns and children under five years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
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 2030, halve the number of global deaths and injuries from road traffic accidents
3.7	By 2030, ensure universal access to sexual and reproductive healthcare services, including 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 healthcare 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 World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
3.b	Support the research and development of vaccines and medicines for the 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: www.un.org)

9.1. Institutional framework

In India, Ministry of Statistics and Programme Implementation (MoSPI) is responsible for the development of National Indicator Framework (NIF) for

measuring the progress of SDGs and associated targets. National Institution for Transforming India (NITI Aayog) has the overall responsibility of programme implementation and alignment of Government schemes/ programmes to SDGs.

In Kerala, the Programme Implementation, Evaluation and Monitoring Department (PIEMD) is the Nodal Department for implementation and monitoring of SDGs. The State has designated Nodal Administrative Departments goal-wise, for coordinating various implementing Departments/ agencies. HFWD is the Nodal Administrative Department for Goal - 3.

9.2. Formulation of State Indicator Framework and District Indicator Framework

In order to achieve the 17 SDGs and associated targets, monitorable indicators in the State Indicator Framework (SIF) have to be developed and aligned with those included in the NIF by considering varied priorities and monitoring requirements at the State level. GoK stated (September 2023) that in Kerala, first version of SIF consisting of 191 indicators having reliable data out of 295 indicators in the NIF (version 3.1) was finalised and the development of second version of SIF was in progress. Efforts were also taken to develop District Indicator Framework.

9.3. Planning for achievement of targets under SDG - 3

9.3.1. Non-finalisation of vision document and action plan for achieving the targets

To develop a strategy for achievement of targets, the State has to prepare an effective action plan. The implementation of SDGs commenced in the State in the year 2016. Even after six years from the commencement of implementation, a vision document for attaining the targets based on a result-based monitoring framework was yet to be prepared. The Department stated that only after the finalisation of a vision document, the strategies and actions needed for implementation of SDG could be finalised. Hence, a time bound action plan was required to develop the vision document which was essential for attainment of targets as envisaged in global agenda.

GoK stated (September 2023) that the State Nodal Department had entrusted Centre for Management Development with the preparation of ‘SDG Vision Document 2030’ in September 2021. Goal-wise workshops were held from October 2022 to June 2023 for vetting the goal-wise draft vision documents prepared. A finalisation workshop needed to be held by the Centre for Management Development before the release of the vision document.

Despite nearing the halfway mark in implementation of SDGs, the State is yet to develop necessary guiding documents.

9.4. Performance of State under SDG - 3

9.4.1. Analysis of performance indicators meant for evaluation of progress of SDG - 3

SDG India Index for India and States for the period 2018 to 2021 provides an aggregate assessment of performance of all States and UTs. Under Goal - 3, the performance of the States was measured against five indicators (2018), eight indicators (2019) and 10 indicators (2020).

The overall status of Kerala and the performance of the State under Goal - 3 'Good health and well-being', as featured under the SDG India Index for the above three years is given in **Table 9.2**.

Table 9.2: Score of Kerala under SDG goals

SDG India Index for the year	Score of Kerala (overall)	Overall top scorer State	Score of Kerala under Goal - 3
2018	69	Kerala	92
2019-20	70	Kerala	82
2020-21	75	Kerala	72

(Source: SDG India Index)

A detailed analysis of the performance of Kerala under Goal - 3 indicators is given in **Appendix 9.1**. In the case of three indicators,¹¹⁰ Kerala achieved the global targets. In respect of four¹¹¹ indicators, performance of Kerala was poor. Three of these indicators were introduced in 2020-21. The performance of the state on these indicators was poor, which lowered the performance of Kerala on the SDG-3 when compared with the previous two years.

Audit examined the performance of the State as regards four indicators of Goal - 3, in which its performance was poor. The details are as given below.

9.4.2. High out-of-pocket health expenditure

The high out-of-pocket expenditure (OOPE) on health indicates that individuals depending on private rather than public hospitals are high in the State. As per the targets fixed under global Goal - 3.8, monthly per capita OOPE on health as a share of monthly per capita consumption expenditure (MPCE) should be 7.83 by the year 2030. For the year 2020-21, the score of Kerala was 17 which was above the national average of 13. It was observed that out of the States/ UTs evaluated for this indicator, Kerala was in the second highest position. The findings on high OOPE on health in the State in SDG India Index 2020-21 is further substantiated by the National Health Accounts Estimates for India 2018-19. The Total Health Expenditure (THE) of Kerala in 2018-19 was ₹34,548

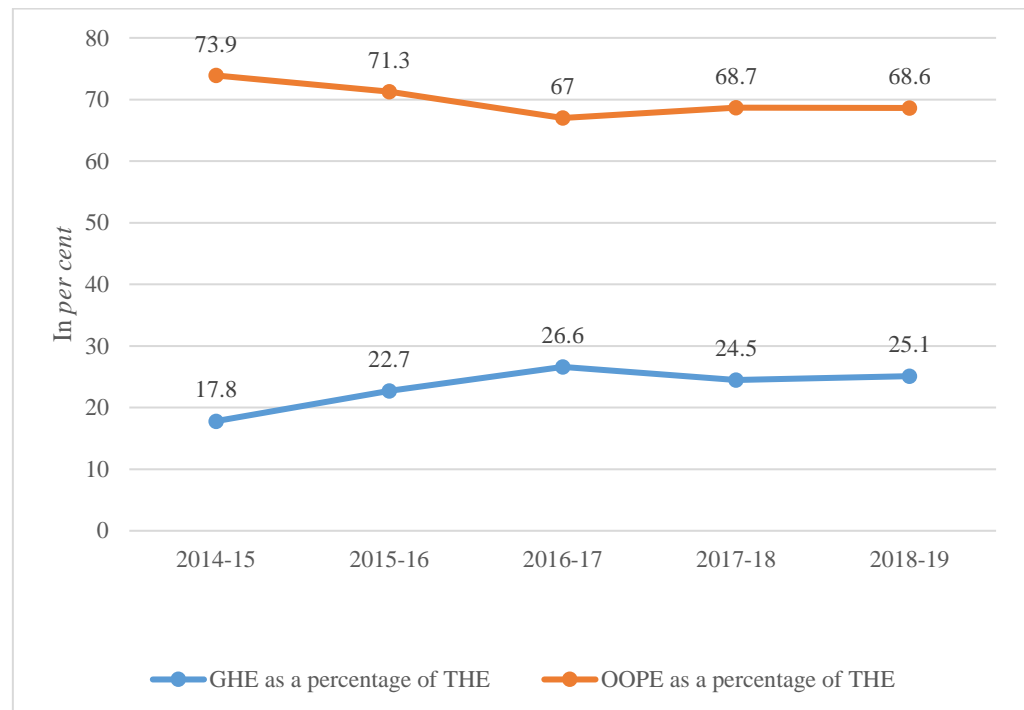
¹¹⁰ MMR (Kerala 43, target 70), U5MR/1,000 live birth (Kerala 10, target- 25), total physicians, nurses, midwives per one lakh population (Kerala 115, target 45)

¹¹¹ Total case notification rate of Tuberculosis, suicide rate per one lakh population, death rate due to road traffic accident per lakh population and monthly per capita out-of-pocket expenditure on health as a share of monthly per capita consumption

crore (4.40 *per cent* of GSDP) of which Government expenditure contributed only ₹8,676 crore (25.10 *per cent*) and the per capita expenditure by Government was only ₹2,479. The OOPE was ₹23,702 crore (68.60 *per cent* of THE).

A comparison of the Government Health Expenditure (GHE) and the OOPE with THE is given in **Chart 9.1** below:

Chart 9.1: Comparison of the GHE and the OOPE with THE



(Source: National Health Accounts of respective years)

An analysis of the reasons for high OOPE on health prevailing in the State revealed the following:

- The health facilities offered in the Government sector were not in compliance with IPHS as pointed out in Chapter III of this Report.
- Data furnished by the DHS indicates a huge divide in the proportion of deliveries in the Government and private sector. During the period 2016-22, while 8.16 lakh deliveries (30 *per cent*) were carried out in Government hospitals, the number of deliveries in private sector was 18.71 lakh (70 *per cent*). According to the reports from National Family Health Survey (NFHS) 2015-16, institutional delivery in a public hospital in the State was 38.30 *per cent* and it decreased to 34.10 *per cent* as per NFHS (2019-20) whereas at national level, the rate improved from 52.10 *per cent* (2015-16) to 61.90 *per cent* (2019-21).
- GoK in Kerala Health policy, 2019 had identified the increasing trend in OOPE as one of the vital issues faced by the health sector. The reasons identified include deficiencies in strengthening and modernisation of

public healthcare facilities in the State. Audit noticed that deficiencies in public health facilities are still persisting which included non-functioning/ non-availability of blood banks/ ambulances for transportation of patients, lack of specialist doctors in hospitals, shortage in posts of nurses, pharmacists, etc., which forced the public to approach private hospitals for quality treatment, thereby increasing the OOPE.

GoK stated (September 2023) that the OOPE was considered as a negative indicator and the value is high for Kerala owing to the quality of treatment and facilities provided by the hospitals in Kerala, both public and private. The reply is not tenable as the high OOPE value itself signals the reliance of people in the State on private than public healthcare institutions, which can be attributed to the deficiencies in the public healthcare system in the State as pointed out in the previous chapters of this Report.

9.4.3. Higher incidence of Suicide

The SDG India index 2020-21, also shows that the suicide rate in Kerala per one lakh population was 24.3 whereas the national average was 10.4 and the target to be attained by 2030 was as low as 3.5. GoK set a target for reducing the number of suicide cases to less than 20 per one lakh population by the year 2020. However, according to National Crime Records Bureau (NCRB), Kerala recorded 24 in the year 2020 and was at the fifth position in the country. Rate of suicides in the State increased to 26.9 in 2021 and 28.5 in 2022. Kerala was in fourth position in 2022.

On pointing out the poor performance of Kerala, DHS enlisted the various activities undertaken by HFWD for improving mental health of various sections of the society such as School Mental Health Programme, *Aswasam* scheme for imparting training to health workers and staff nurses in screening public for cases of depression to reduce high suicide rate, *Jeevaraksha* programme for imparting training in suicide prevention to elected representatives, doctors, health workers, police personnel, etc., programmes such as *Amma manasu*¹¹² and *Sampoorna Manasikarogyam*¹¹³.

The fact remains that Governmental efforts need to be intensified, particularly, in these specific areas.

9.4.4. Road traffic accidents

SDG Goal - 3 aims to reduce death rate due to road traffic accidents to 5.81 per lakh by the year 2030. As per SDG India Index 2020-21, death rate in Kerala was 12.42 per lakh while the national average was 11.56 per lakh.

¹¹² Programme to prevent suicidal tendency in women during ante and post-natal period.

¹¹³ A programme to reduce treatment gap and dropout of mental health patients.

According to NCRB, in Kerala, out of 3,178 cases of death reported due to traffic accidents¹¹⁴, 2,977 cases (94 *per cent*) related to road accidents in 2020. Analysis of total number of road accident cases reported in the country shows that 39,944 out of 4,37,396 cases (nine *per cent*) were reported from Kerala in 2019 and 27,799 out of 3,54,796 (eight *per cent*) in 2020. Though Kerala covers only 1.18 *per cent* of the total area of the country and support 2.76 *per cent* of the total population, it accounts for about eight to nine *per cent* of road accident cases in the country.

In order to reduce mortality due to accidents, especially due to internal bleeding, surgical interventions are required and the time between injury and treatment should ideally be kept to a bare minimum for which the hospitals should be provided with facilities as prescribed by IPHS. Audit noticed inadequacy of infrastructure for handling emergency care. Emergency OT was available only in three out of 14 district/ taluk hospitals test-checked. Out of the 14 hospitals, Mobile X-ray units and separate Laboratory for Emergency care were not provided in 10 and 11 hospitals respectively. As per IPHS, blood storage units were to be available in taluk level hospitals and blood banks in district level hospitals. Audit noticed that blood banks were not setup in four out of seven district hospitals test-checked.

GoK stated (September 2023) that since there is an efficient reporting system in the State, each case gets notified and this efficacy in proper reporting has turned out to be disadvantageous to the State in SDG India Index ranking on the indicators suicide rate and death rate due to road traffic accidents.

However, the fact remains that more efforts are needed to ensure that the health facilities are well-equipped to attend to accident and emergency related cases.

9.4.5. Performance relating to eradication of Tuberculosis

As against the indicator ‘Total case notification of TB per one lakh population’, the target for 2030 was set as 242. While the national score was 177, the score of Kerala was 75 (2020-21).

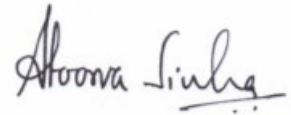
GoK stated (September 2022) that SDG India Index since 2020 was giving points for increase in TB case detection. As the State is implementing TB Elimination Mission with active surveillance and infection control, TB cases in the State is expected to continue a decreasing trend. Kerala was losing its points since the Index was calculated as a positive index. The same was communicated to GoI and NITI Aayog intimated that the indicator was modified and the State is awaiting the release of the next version of SDG India Index.

¹¹⁴ Traffic accidents include road traffic accidents, railway crossing accidents

9.5. Recommendation

- Government should ensure that urgent steps are taken to formulate an Action Plan to achieve the targets under SDG -3 and improve performance against National level indicators relating to reduction of out-of-pocket expenditure on health etc.

**Thiruvananthapuram,
The 23 October 2024**



**(ATOORVA SINHA)
Accountant General
(Audit I), Kerala**

Countersigned

**New Delhi,
The 24 October 2024**



**(GIRISH CHANDRA MURMU)
Comptroller and Auditor General of India**