



## THEMATIC SESSION 1 – HEALTH (SDG 3)

International Seminar

# INDIA-JAPAN PARTNERSHIP FOR ACHIEVING SUSTAINABLE DEVELOPMENT GOALS (SDGs)

15 March 2019 (Friday), Hotel Claridges, New Delhi

Dr Ali Mehdi

Senior Fellow and Project Leader, Health Policy Initiative, ICRIER

[amehdi@icrier.res.in](mailto:amehdi@icrier.res.in)

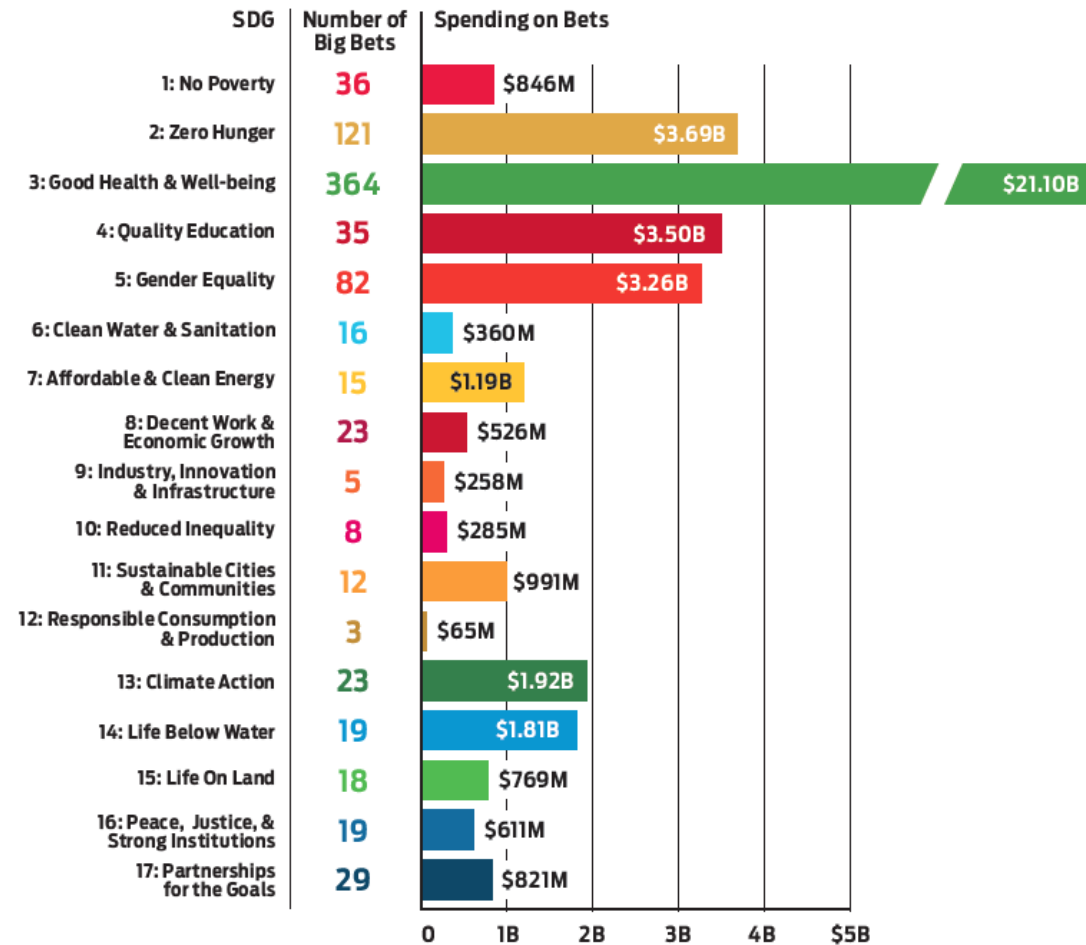
# HEALTH AS A HISTORICAL CONCERN

*2,500 years ago, the young Gautama Buddha left his princely home, in the foothills of the Himalayas, in a state of agitation and agony. ... he was moved in particular by seeing the penalties of ill health—by the sight of mortality (a dead body being taken to cremation), morbidity (a person severely afflicted by illness), and disability (a person reduced and ravaged by unaided old age). Health has been a primary concern of human beings throughout history.*

- Prof Amartya Sen

(Harvard Public Health Review (5/2015), 'Universal health care: The affordable dream')

# HEALTH AS A CONTEMPORARY CONCERN



SOURCE: Bridgespan Global Big Bets Database of 90 Funders (2000–2016).

# HEALTH AS AN INTEGRATED CONCERN

## HEALTH IN THE SDG ERA



## The 2030 Agenda (UNGA, 2015)

- SDGs ‘are **integrated and indivisible** and balance the three dimensions of sustainable development – the economic, social and environmental’.
- ‘We are determined to end poverty and hunger, in all their forms and dimensions, and to **ensure that all human beings can fulfil their potential in dignity and equality** and in a healthy environment’.

# HEALTH ≠ HEALTH CARE

A good healthcare system can only provide solutions to problems. Their prevention, however, depends on determinants that are outside the health ministry.

- Dr Soumya Swaminathan, WHO Chief Scientist

(Hindustan Times, 11 January 2018, 'In 2018, let govt policies focus on health of 1.3 billion Indians')

# MULTIDIMENSIONAL INDIA-JAPAN COOPERATION FOR HEALTH

Memorandums of Cooperation signed:

- Sanitation and hygiene
- Nutrition
- Food safety
- Drug regulation
- UHC
- PHC
- Tertiary care (AIIMS)
- Prevention of NCDs
- AMR
- Elderly care
- Traditional medicine

# SDG 3 (2018) – INDIA AND JAPAN

Targets	Indicators	India	Japan	Target
SDG 3	Healthy life expectancy at birth (years)	68	84	Ensure
3.1	Maternal mortality rate (per 100,000 live births)	174	5	< 70
3.2	Neonatal mortality rate (per 1,000 live births)	25	1	12
	Mortality rate, under-5 (per 1,000 live births)	43	3	25
3.3	Incidence of tuberculosis (per 100,000 population)	211	16	End
	HIV prevalence (per 1,000)	0	0	End
3.4	Age-standardised death rate due to CVDs, cancer, diabetes, and chronic respiratory disease in populations aged 30–70 years (per 100,000 population)	23	9	Reduce by 1/3rd
	Subjective Wellbeing (scale of 0 to 10, 0 being worst, 10 being best)	4	6	Promote
3.6	Traffic deaths rate (per 100,000 population)	21	5	Halve
3.8	Universal Health Coverage Tracer Index (0-100)	51	83	Achieve
3.9	Age-standardised death rate attributable to household air pollution and ambient air pollution (per 100,000 population)	206	9	Substantially reduce

# WAY FORWARD – INDIA-JAPAN COOPERATION IN THE G20

## 1) Conceptualization of Health

WHO Constitution – ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’.

## 2) ‘Health-in-All’

a) A preventive approach anchored in primary health systems

b) Plurality of pathways – ‘Japan is also willing to learn from India. For instance, Ayurveda can bring a new dimension to Japan’s healthcare system’ (Hon. Ambassador of Japan in India, The Hindu, ‘Providing health for all’, 12/12/2018)

## 3) “Health-for-All”

a) Japan has been leading international efforts toward UHC, including inclusion in SDG, G7 and G20 agendas

b) Integrate alternative systems of medicine in UHC





**THANK YOU!**