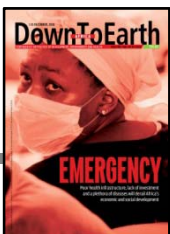




**DownToEarth**

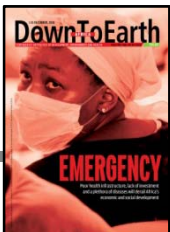




## Who are we?

**DownToEarth**

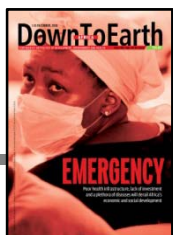
- India's leading science and environment fortnightly magazine
- Published by the Society for Environmental Communications
- We have a legacy of public spirited journalism spanning subject of development, environment and health
- The speed of a journalist along with rigor of a scientist. Nobody is trained in this combination. Skills, knowledge, commitment are all learned on the job





## Print, web, multimedia, books

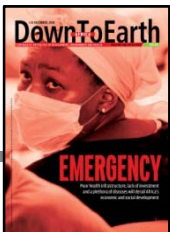
- DTE English: Launched in 1992
- Gobar Times: Supplement for children, launched in 1998
- DTE Hindi: To reach India's heartland, launched in Oct. 2016
- DTE Web: More than million page views/month, mobile-friendly
- DTE Social media: Facebook, Twitter, Instagram
- DTE books: Perspective and reportage on environmental challenges to a general audience
- Multimedia: animation, documentaries, classrooms...

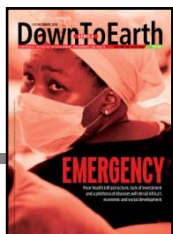
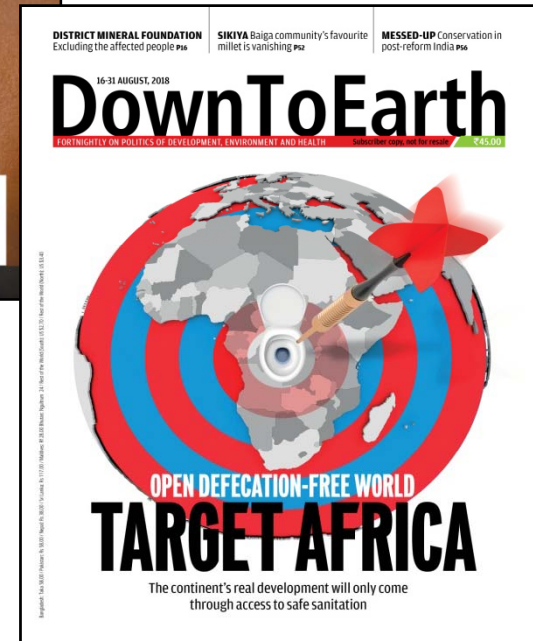
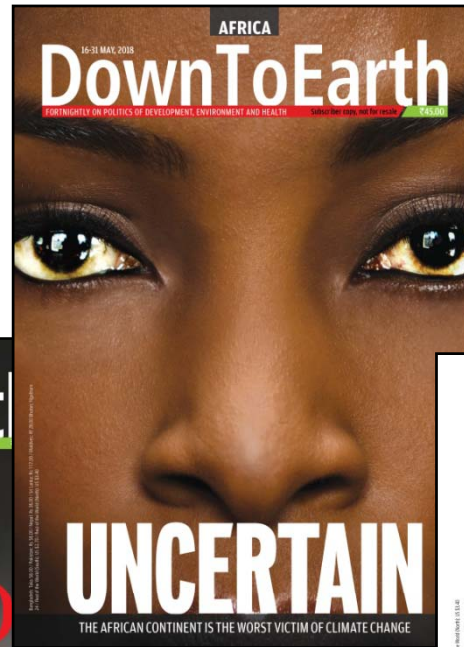




## We practice research based journalism

- We believe that communication is a tool for change. We create public pressure. We ask people to be vigilant
- We do not write articles but we write stories about people
- **No magic. No jargon.** It is learning to say what you know
- **To people who do not want to hear.** To people who need to hear

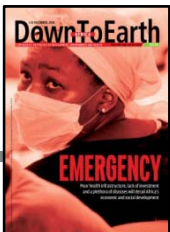






## Why an issue on health?

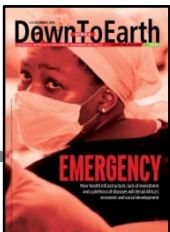
- Both India and Sub-Saharan Africa are struggling to meet the SDG goals
- Global SDG index Specific to health, India ranks at 143 out of 188 countries.
- Can India learn from Africa?
- Can Africa learn from India?

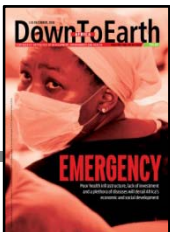
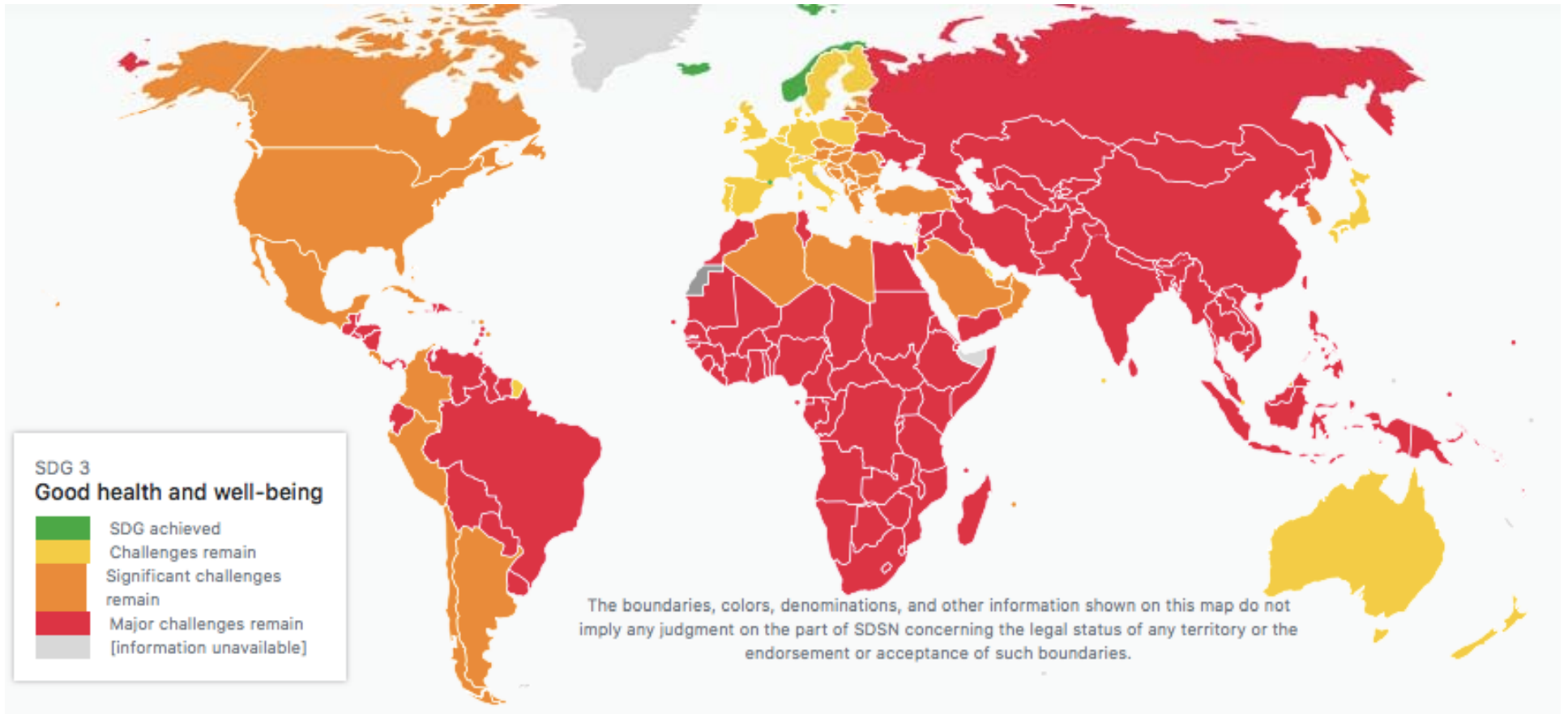




## Health indicators are poor in India

- Maternal mortality: 167/100,000 live births
- Under 5 mortality: 48/1000 live births
- Infant mortality: 39/1000 live births
- High burden of communicable diseases and non-communicable diseases. Over 61 per cent of all deaths in India are due to NCDs
- Spends only ¼ of health care costs. Out of pocket expenditure is high
- Environmental pollution is now a leading cause of death. For example, air pollution causes as much as 24 per cent of all deaths in the country



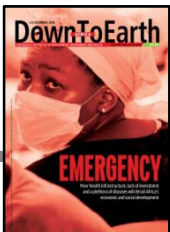






# What is India doing to achieve SDG3? DownToEarth

- National Health Policy 2017: Aligned with SDG 3. Focus on Universal Health Coverage. It promotes private players for providing primary health as well as secondary and tertiary health care. No control over private players. Low investment on health with the government putting only 1.15 per cent of GDP in health, talks about increasing it to 2.5 per cent by 2025 which is too late
- Ayushman Bharat: Health insurance programme launched in 2018. Insurance coverage to more than 500 million people. Seeks to accelerate progress towards achievement of UHC and SDG 3. Push towards private health care

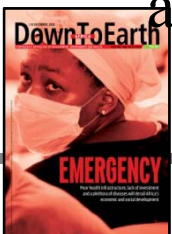




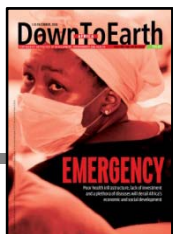


## Communicable diseases

- Target: End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- Reportage from Kenya and Uganda. Focus on Neglected Tropical Diseases (NTDs) as more than 40 per cent of those affected by NTDs live in Africa.
- There are 20 different types of NTDs. Many of them are zoonotic and require environmental management
- No new drugs that have been developed for long, investment by countries is poor
- If Sub-Saharan Africa eliminates NTDs by 2020, it could save almost US \$52 billion in productivity over the next decade



# Maternal mortality

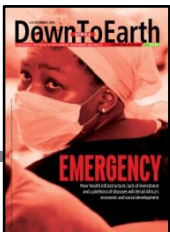




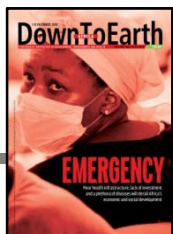
# Maternal mortality

**DownToEarth**

- Target: By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births
- Reporting from Sierra Leone which has a maternal mortality ratio of 1360 deaths for every 100,000 live births
- Access to health care centres is poor
- Health centres are poorly funded. The country has been able to put only 10 per cent of the budget into health
- The country has only 1 known gynaecologist in the public sector
- The country faced political instability followed by an outbreak of Ebola virus



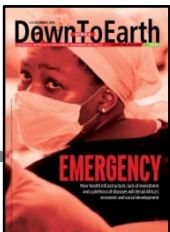
# Infant and child mortality



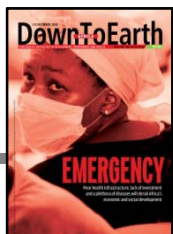


## Infant and child mortality

- Target: End preventable deaths of newborns and children under 5 years of age. Reduce neonatal mortality to 12 per 1000 live births and under-5 mortality to 25 per 1000 live births
- Reportage from Somalia. Neonatal mortality is 40 per 1,000 live births and under-5 mortality is 137 deaths per 1,000 live births
- Persistent drought conditions in the country have affected the nutritional status of both the mothers and their children
- Political instability is adding to the problem



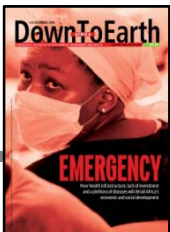
# Non-communicable diseases





## Non-communicable diseases

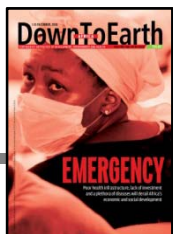
- Target: Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- Reportage from South Africa, the most obese country in Sub Saharan Africa times
- South Africans have a 51.9 per cent probability of dying from NCDs
- The epidemic is linked to an obesogenic diet which is high in ultra processed foods. Such foods are cheaper than healthy foods
- Agricultural policy does not promote subsistence farming





# Health financing and workforce

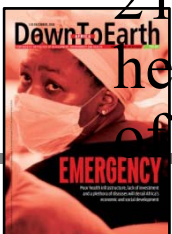
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## Health financing and workforce

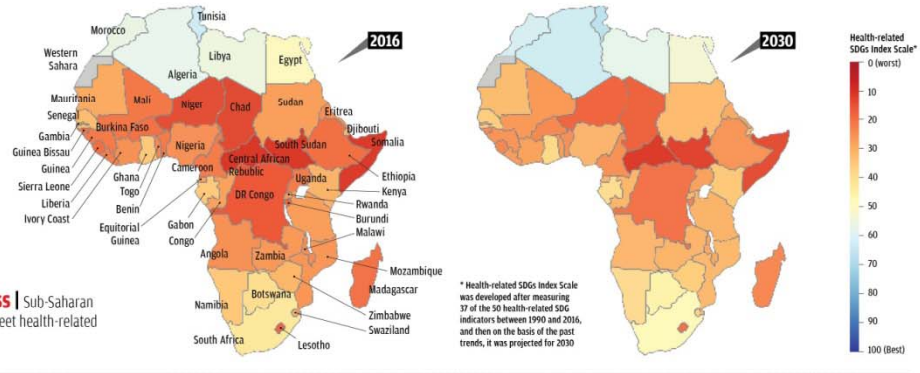
- Target: Substantially increase health financing and the recruitment, development, training and retention of the health workforce
- Reporting from Liberia on health financing, Nigeria on out-of-pocket expenditure on health and Kenya on shortage of health workers
- National Health Plan (2011-2021) of Liberia requires \$2.8 billion but the total projected allocation is only \$416.9 million. This leaves a gap of \$2.4 billion
- In Nigeria, out-of-pocket payments can be higher than 72 per cent of the total health cost, leading to debt
- Kenya has one doctor for 7,200 people, one clinical officer for 21,000 and one nurse for every 1,600. WHO recommends 23 health professionals for every 10,000. Need to double the number of health workers



# Unhealthy signs

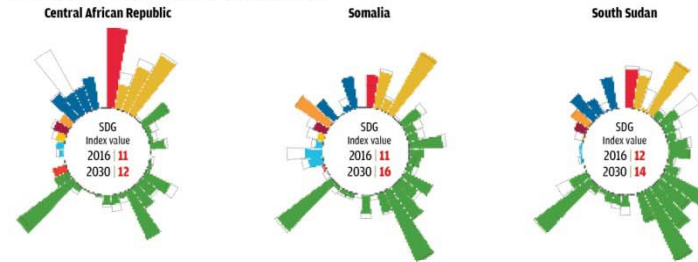
Africa's progress is crucial to the world achieving the 37 health-related indicators under the United Nations' Sustainable Development Goals by 2030. But the slow pace of progress in most nations, specially in the Sub-Saharan region, is a cause for concern

**Limited success** | Sub-Saharan Africa is unlikely to meet health-related SDG targets by 2030



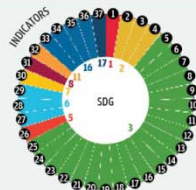
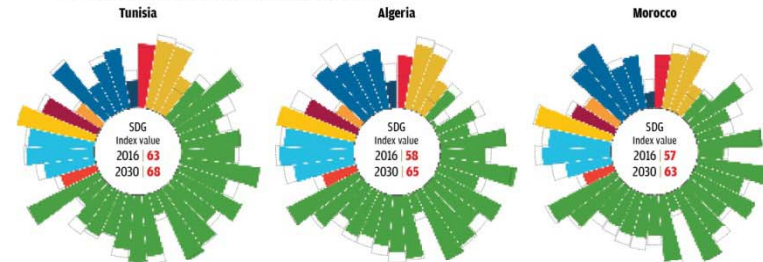
**Worst performers** | Three African nations are likely to struggle the most in achieving even basic health indices, such as low maternal mortality, or arresting HIV/AIDS and malaria

■ Solid colours give 2016 figures; dotted areas show the figure expected in 2030



**Best performers** | Three countries will perform well in basic health indicators. They are likely to stay behind in SDG parameters, such as deaths due to road accidents and maintaining proper death registers

■ Solid colours give 2016 figures; dotted areas show the figure expected in 2030

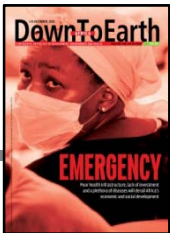


### Health-related index for SDG indicators

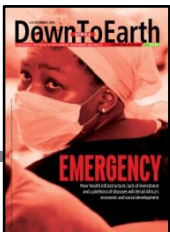
- 1 Death rate due to exposure to forces of nature
- 2 Prevalence of stunting among children under five years
- 3 Prevalence of wasting among children under five years
- 4 Prevalence of overweight among children under two to four years
- 5 Maternal mortality ratio
- 6 Proportion of births attended by skilled health personnel
- 7 Under-five mortality rate
- 8 Neonatal mortality rate
- 9 Age-standardised rate of new HIV infections
- 10 Age-standardised rate of tuberculosis cases
- 11 Age-standardised rate of malaria cases
- 12 Age-standardised rate of hepatitis B cases
- 13 Age-standardised prevalence of 15 neglected tropical diseases
- 14 Age-standardised death rate due to cardiovascular diseases, cancers, diabetes and respiratory diseases among population (30-70 years)
- 15 Age-standardised suicide rate
- 16 Risk-weighted prevalence of alcohol consumption
- 17 Age-standardised death rate due to road injuries
- 18 Proportion of women who use modern contraception methods for family planning
- 19 Number of live births per 1,000 women aged 10 to 19 years

- 20 Coverage of essential health services
- 21 Age-standardised death rate due to household and ambient air pollution
- 22 Age-standardised death rate attributable to unsafe water, sanitation and hygiene
- 23 Age-standardised death rate due to unintentional poisonings
- 24 Age-standardised prevalence of smoking among populations (10 years and older)
- 25 Coverage of seven vaccines in populations
- 26 Risk-weighted prevalence of populations using unsafe/unimproved water sources
- 27 Age-standardised prevalence of women who experienced intimate partner violence in the last 12 months
- 28 Risk-weighted prevalence of populations using unsafe or unimproved sanitation
- 29 Risk-weighted prevalence of populations without access to hand washing facility
- 30 Risk-weighted prevalence of household air pollution
- 31 Age-standardised disability-adjusted life years due to occupational risks
- 32 Population-weighted mean levels of PM2.5
- 33 Age-standardised prevalence of death rate to interpersonal violence
- 34 Death rate due to conflict and terrorism experienced by people in past 12 months
- 35 Age-standardised prevalence of violence experienced by people in past 12 months
- 36 Age-standardised prevalence of people aged 18-29 years who experienced sexual violence by age 18 years
- 37 Percentage of well-certified deaths by a vital registration system among a country's total deaths

Prepared by DTE/CSE Data Centre  
 Infographics: Raj Kumar Singh  
 Analysis: Kiran Pandey and Rajit Sengupta  
 Data source: Global Burden of Disease Study 2016 by the Institute for Health Metrics and Evaluation.  
 For more such factsheets visit: [www.downtoearth.org.in/factsheet](http://www.downtoearth.org.in/factsheet)

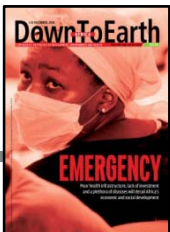


# The case of Rwanda



## The case of Rwanda

- Low out of pocket expenditure due to the community based health insurance system
- National Community Health Worker Program has added 58,286 community health workers into the system
- The country has increased its health budget by 22.9 per cent between 2014 and 2018
- Shift from a donor- dominant financing to domestic financing. External finance has fallen from 57.2 per cent in 2013-14 to 15.3 per cent in 2017-18
- Emphasis on programs such as immunisation, provision of insecticide treated bednets
- Use of innovative technology such as telemedicine, use of drones



- Without political will and robust investment in healthcare, Africa (and India) cannot break out of the underdevelopment trap

