Consultative Roundtable with Parliamentarians on Prioritizing Family Planning and SDGs
April 3, 2018, New Delhi

As part of the mandate of Realizing Commitment for Family Planning (RCFP), to ensure a rights based and informed choice approach for family planning, Indian Association of Parliamentarians on Population and Development (IAPPD) and Population Foundation of India (PFI) jointly organized a Consultative Roundtable with Parliamentarians on ‘Prioritizing Family Planning: Role of Policy-makers’ in New Delhi on April 3, 2018. The objectives of the meeting were to share the findings of two research studies that PFI conducted - Cost of Inaction in Family Planning (COI) and Programme Implementation Plan (PIP) with the Members of Parliament and seek their support in prioritizing family planning through sustained engagement.

The meeting was designed to showcase the RCFP film, disseminate the key findings of PFI’s studies and engage parliamentarians in discussions and deliberations on the basis of information imparted to them. The roundtable was attended by twenty-seven Parliamentarians, across ten national political parties and seventeen states of India.

The meeting was presided over by Prof. P.J. Kurien, Deputy Chairman, Rajya Sabha and Chairman of IAPPD. The meeting commenced with a welcome note by Ms. Viplove Thankur, Vice Chairperson, IAPPD and Member of Parliament. She said that there is a definite need to increase the budget for family planning and make the expenditure more efficient and robust. RCFP’s movie on family planning was screened. Thereafter, Ms. Poonam Muttreja, Executive Director, PFI thanked all the members for their participation. Ms. Poonam Muttreja also briefed the participants with the history and activities of Population of IAPPD, addressing the Foundation of India.

Thereafter, presentations on Cost of Inaction in Family Planning and Budget Allocations for Family Planning activities in India were made. Ms. Muttreja, with the PFI team, briefed the members on the need of the two research studies. The cohort was apprised of the rationale, objectives and the methodology of the COI and Budget Allocation studies.

It was shared that COI study that was conducted at the national level and in four large states – Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan, helps in understanding the benefits of the adequate investments in family planning and the demographic and economic implications of the inadequate investments. Some of the key findings shared were related to economic benefits, such as increase in per capita income, cumulative savings in total NHM budget allocations and reduction in total out-of-pocket expenditure on child birth and hospitalization; and Demographic and health implications of inaction in FP, such as additional population growth increase infant and maternal deaths. The recommendations emerging

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With its historic initiation in 1952, the family planning programme in India has undergone transformation in terms of policy and actual programme implementation. There occurred a gradual shift from clinical approach to the reproductive child health approach and this holistic and target free approach helped in reduction of fertility. The target free approach is now reflected in the State Project Implementation Plans based on community needs assessment. Presently the expected level of achievement is estimated for each State by the indicators reflecting the community needs like contraceptive usage, parity, unmet need and existing fertility. Over the years, the programme has been expanded to reach every nook and corner of the country and has penetrated into PHCs and SCs in rural areas, Urban Family Welfare Centers and Postpartum Centers in the urban areas. Technological advances, improved quality and coverage for health care have resulted in a rapid fall in the Crude Birth Rate (CBR) and growth rate (2011 Census showed the steepest decline in the decadal growth rate.)

As we move toward the Sustainable Development Goals (SDGs) and the post-2015 development agenda, commitment to family planning must remain a key element of the global agenda. Voluntary family planning advances gives the right to all women to decide freely, and for themselves, whether, when, and how many children they want to have. Yet in 2014, estimates indicated that 225 million women in low- and middle-income countries had an unmet need for a modern contraceptive method, meaning they want to stop or delay childbearing but are not using modern contraceptive methods.

Women with unmet need are more likely to have unintended or mistimed pregnancies. As a result, they and their children face avoidable and potentially severe risks to their health and quality of life. Family planning lowers the number of unintended pregnancies, thereby reducing the number of times a woman is exposed to pregnancy-related health risks.

While family planning contributes most directly to SDGs 3 and 5, it is also a crucial determinant for achieving all 17 goals. The benefits of family planning to women, families, communities, and societies are myriad:

- Well-spaced births facilitate longer breast-feeding, and thus can positively influence nutrition outcomes such as improved infant and young child feeding practices and reduced likelihood of stunting.
- By helping adolescent girls delay pregnancy until they are older, family planning can prevent obstetrical complications and poor birth outcomes for mothers and newborns and help girls stay in school.
- By preventing pregnancies among women older than 35 and women who have more than four children, family planning can prevent deaths of women in childbirth.
- By slowing population growth, family planning can contribute to lower levels of energy use and thereby reduce greenhouse gas emissions, impacting climate change.
- Coupled with supportive policies, family planning can enable the demographic dividend (the rapid economic growth that can come from lowering the ratio of dependents to income-earners).
- Having fewer children increases women's likelihood of entering the workforce and allows families to invest more resources in each child.
- Fertility decline and the resulting older population structure have been shown to significantly increase the probability of attaining and maintaining a liberal democracy.

If we hope to achieve the SDGs, family planning must be a priority. Empowering women and couples to make informed, voluntary decisions about whether, when, and how many children to have, has the potential to generate extraordinary transformational benefits across the world.

Mannmohan Sharma
Executive Secretary, IAPPD
from the COI study were to increase budget allocation and efficient utilization; change behaviour through community engagement; include family planning in universal health coverage; make more efforts towards women’s education and employment and re-alignment of strategies for National Population Policy.

In the budget allocation study, the recommendations that emerged were in favour of creating awareness at the district/block/village level on the need for strengthening programmes for FP and health, states to increase budget allocation for FP activities based on local needs, devising mechanism for timely release of funds and better financial management at the district level and build capacity for decentralized planning.

The floor then opened for discussions and deliberations, chaired by Mr. P. D Rai and co-chaired by Dr. Sanjay Jaiswal. The discussions highlighted some of the key issues that the country is facing today and the immediate need to take action towards stabilizing the population and to have a robust family planning programme. The holistic discussions on the planning process and budget allocation and expenditure showcased the economic and social losses for the country in the coming times, if action is not taken urgently.

In his presidential address, Prof. P.J. Kurien said that as Parliamentarians we have a key role to play in raising the discourse and sensitizing the public, as well as, our colleagues at the Parliament to take the issue forward through various legislative tools at our disposal. Many of us hail from the States that are grappling with the high fertility rates and poor planning, but as we have learnt from states like Kerala, Tamil Nadu, as well as, countries like Sri Lanka, education and awareness are the most powerful tools to bring about social changes and empowering women.

Additional points and recommendations that emerged from the discussions were:

- Education and awareness are the two unfailing weapons that will lead to women’s empowerment;
- Family planning is a socio-economic and development issue, that should be dealt with the help of an independent and dedicated programme, department/ministry;
- Family Planning programme should be entirely centrally funded;
- There should be additional assistance for States like BIMARU*, who lack the financial and infrastructural resources to mitigate the problems;
- A country wide campaign, akin to Swachh Bharat Abhiyan, should be deployed, emanating from the grassroots level;
- Involvement of local bodies, panchayats, MLAs, MPs, NGOs, as well as cooperatives;
- Empowerment of ASHA workers through technological upgradation;
- Reinforce incentives over sanctions;
- Need for widespread dissemination of IEC materials in vernacular languages;
- The only solutions are – awareness, education and proper utilization of funds; and
- There are different priorities for each state, hence a bottom-up planning for each state is required.

The interaction concluded with the consensus that female literacy is the single most powerful tool for women’s empowerment and agency. Individual contributions by the Parliamentarians showcased some of the innovative practices, strategies as well as challenges, which will certainly be useful to guide future direction of the family planning programmes in India. The members concurred that request letters need to be sent to the Finance Minister, Health Minister and the Prime Minister; issues need to be presented to the Parliamentary Standing Committee on Health and the Parliament in the upcoming sessions of Parliament; and a delegation of Parliamentarians should meet with them to express their concerns.

*BIMARU is an acronym formed from the first letters of the names of Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh. It was coined by Ashish Bose in the mid-1980s. BIMARU has a resemblance to a Hindi word “Bimar” which means sick.
Strengthening the Capacity of Parliamentarians for the Achievement of the SDGs: Ageing, Fertility and Youth Empowerment
June 12-13, 2018, Ulaanbaatar (Mongolia)

Stabilizing population is the fundamental prerequisite for achieving the SDGs. Currently, global population issues become very diverse: some countries are facing rapid population increase while others are experiencing population decline. In this context, it is important to take into consideration the diversity of the population structure and to develop effective policies and programmes to meet challenges in respective countries.

To discuss emerging population challenges such as ageing, fertility, family planning and youth empowerment, over 30 Members of Parliament and representatives from 13 countries namely, India, Mongolia, Japan, China, Malaysia, Thailand, Indonesia, the Philippines, Bangladesh, Laos, North Korea, Vietnam and Sri Lanka, gathered in the meeting on ‘Strengthening the Capacity of Parliamentarians for the Achievement of the SDGs: Ageing, Fertility and Youth Empowerment’, held in Ulaanbaatar, Mongolia, during June 12-13, 2018.

The meeting was organized by the Mongolian Parliament, the United Nations Population Fund (UNFPA), the Asian Population and Development Association (APDA) and International Planned Parenthood Federation (IPPF).

Dr. B.N. Goud, MP; Mr. Narayan Lal Panchariya, MP; and Mr. Manmohan Sharma, Executive Secretary, IAPPD, attended this meeting.

In his opening remarks at the meeting, Speaker of Parliament of Mongolia, Mr. M. Enkhbold pointed out that the Parliament adopted Mongolia’s Sustainable Development Vision 2030 under the Sustainable Development Goals (SDGs), which targets to create an environment that provides Mongolian citizens with healthy and safe living environment, sustainable employment, quality and sufficient social protection, health and education systems, and prosperous life.

The speaker noted that as the 2030 Agenda for Sustainable Development is a key document to successful developments of the world’s countries, all Parliaments and lawmakers should play a leadership role in achieving the SDGs in their respective countries.

Resident Representative of UNFPA to Mongolia, Ms. Naomi Kitahara said, “Parliamentarians play an important role in addressing development challenges and finding opportunities in the area of population and development, including sexual and reproductive health and rights.”

Female member of the House of Representatives of Japan, Ms. Karen Makishima stated, “We cannot achieve sustainable development by sticking with the status quo.”

In his presentation on
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reducing income inequality within
and among countries; and strengthening the means
of implementation and revitalize the global partnership
for sustainable development, which were outlined in
the SDGs.

After discussing challenges and solutions to advance
the International Conference on Population and
Development (ICPD) and SDGs agenda on June 12,
they adopted Ulaanbaatar Declaration as a part
of regional ICPD review. The declaration included
issues such as investment for youth, women and
elders; recommendations for the government of
countries to implement gender sensitive policy, youth
empowerment and cooperation between private and
civil society organizations in direction of increasing
birth rate.

86th Executive Committee Meeting of AFPPD
May 4, 2018, Bangkok (Thailand)

The 86th Executive Committee Meeting of Asian
Forum of Parliamentarians on Population and
Development (AFPPD) was held in Bangkok,
Thailand, on May 4, 2018. AFPPD is a regional
non-governmental organization based in Bangkok,
Thailand, serves as a coordinating body of 30 National
Committees of Parliamentarians on Population and
Development, of which India is also a member.

The meeting was chaired by Prof. Keizo Takemi, MP,
Japan; AFPPD Chairperson and attended by Executive
Committee Members, Standing Committee Co-chairs
or representatives, Observers (National Committee
Secretariat Staff and Funding Organizations).

Prof. P.J. Kurien, Dy. Chairman, Upper House, India;
AFPPD Vice Chairperson, was represented by Mr.
Manmohan Sharma, Executive Secretary, IAPPD.

Prof. Keizo Takemi while opening the meeting
welcomed and thanked all the members for their
active participation. He hoped that AFPPD will carry
out activities already adopted at the 12th General
Assembly in Sri Lanka in October, 2017, especially
the Regional Conference on Investing in Youth,
which is to be held in Kazakhstan in October, 2018.

Mr. Manmohan Sharma shared the note
written by Prof. P.J. Kurien appreciating
the efforts made by the Chair and the
Secretary General, who are important
pillars of AFPPD. He hoped that their
continued leadership will help AFPPD
for its better future.

Dr. B.N. Goud, MP, India, making his presentation.

The Indian delegation during the field visit.

Executive Committee Members during the meeting.
The government has carried out several reforms in healthcare. It assigns the highest priority to people’s health and is also alive to the country’s obligation under the Sustainable Development Goals (SDGs). A series of steps have been taken under the leadership of Prime Minister Shri Narendra Modi to reform the country’s healthcare. These include the formulation of the National Health Policy, 2017, enforcing a ceiling on the prices of cardiac stents and knee implants, financial aid to expecting mothers and a renewed focus on nutrition. The Ayushman Bharat (AB) Scheme is the most significant of these programmes.

Under the aegis of AB, the National Health Protection Mission (NHPM) is envisaged as a game-changer for India’s healthcare system. It will add weight to the government’s healthcare reforms and help it fulfill the country’s SDG commitments.

AB-NHPM intends to cover more than 50 crore people, which includes hospitalization expenses for nearly 1,350 conditions over 23 clinical specialties. The beneficiaries are entitled to a premium of up to Rs. 5 lakh per annum in any empaneled hospital. They need not pay for pre or post-hospitalization expenses.

India bears a triple burden of disease: It has an unfinished agenda of eradicating communicable diseases, it is battling a growing number of non-communicable diseases and road accidents lead to large number of deaths and grievous injuries every year. Non-communicable diseases and traffic deaths alone cost the country 6.5 per cent of its GDP — a huge cost indeed.

The inability to afford treatment is the leading cause for people not seeking medical care. Currently, out-of-pocket expenditure constitutes 62 per cent of the healthcare spending of families in the country — most of the times, they have to dig into their savings or even take loans. Catastrophic expenditure (when a household spends more than 40 per cent of its income on health) is a major cause of impoverishment in India and every year, this pushes around 63 million people below the poverty line. Young lives are often lost for the want of treatment to easily curable conditions. In such cases, the suffering continues years after the loss. The treatment of severe health conditions can wreak havoc on families but even common diseases like dengue, malaria or broken bones can result in a financial shock to many households.

On an average, an Indian family spends Rs. 22,000 a year on hospitalisation in a private hospital. But in case of expensive treatments for diseases such as cancer, heart ailments and organ failures, most families have to borrow money. A benefit cover of Rs. 5 lakh per annum, ensures that even these conditions are covered.
King healthcare

As AB-NHPM shall take care of the affordability of healthcare, the demand for such care is expected to go up. The country’s healthcare infrastructure is limited and is skewed towards the urban areas. AB-NHPM will procure secondary and tertiary care services from both the private and public sectors.

The role of the private sector is critical because of its size and widespread presence. At present, 70 per cent of illness episodes are treated in private institutions. The sector can attempt to capture the opportunity in un-served rural areas. This will improve the accessibility of healthcare services for the country’s rural population. The hospitals shall be paid at a pre-agreed rate, leaving them no scope to raise prices or overcharge. Together with state schemes, AB-NHPM will cover a large chunk of the population. It will behave like a monopsony and as a result, control the prices and quality of healthcare.

The public sector will have a golden opportunity to improve its services and compete with the private sector. The government has approved 24 new medical colleges at the district-level and ratified the upgradation of public hospitals and new tertiary care facilities, including six AIIMS. A public hospital will retain the money it earns through AB-NHPM. These hospitals have also benefited under the Rashtriya Swasthya Bima Yojana and state health insurance schemes. Hospitals in many states used this additional revenue to improve their infrastructure and services. There are numerous stories about the success of public hospitals. AB-NHPM could spur them on to even greater achievements.

We cannot, however, underestimate the challenges. The unprecedented scale of the scheme is a big challenge. Health insurance schemes are operational in 24 states and UTs. The coverage and scope of benefits under these schemes differ widely. AB-NHPM has evolved a structure that accommodates the unique features of state schemes while also providing flexibility to states to exercise their choice on the mode of implementation. It will merge the existing schemes into one large pool, remove inefficiencies and bring in economies of scale. The states must own the scheme while the Centre is committed to offer all possible help to overcome challenges. It has already signed MoUs with 20 states/UTs for implementation of AB-NHPM. These MoUs provide the basis for launch of the scheme in the states/UTs and also detail the roles and responsibilities of the two stakeholders.

The government is earnestly fulfilling its health-related commitments. We want to ensure that all the health-related initiatives not only achieve their stated objectives but also contribute to the nation’s growth and prosperity. The prime minister wants to ensure that the real benefit of development, especially in matters related to health, reaches all sections of the society. AB-NHPM is a right step in this direction.

Better budgetary allocation for family planning can help India meet global sustainability goals

Despite evidence that family planning is a critical area from the perspective of reducing maternal and infant mortality, allocations have been skewed and largely insufficient

Poonam Muttreja
Executive Director, Population Foundation of India, New Delhi

A positive for the health sector in last year’s Union Budget was the stated goal to increase India’s health sector spending from the current 1.15% of GDP — one of the lowest worldwide — to 2.5% by 2025. At the same time, we need to closely examine where and how the money is being allocated and spent, so as to make the outcomes meaningful.

One needs to look at budgetary provisions from the perspective of family planning. According to the 2015-16 findings of the National Family Health Survey 4 (NFHS-4), the total demand for family planning (FP) among currently married women between the ages of 15 and 49 is 66%. The unmet need for FP services is 13%, declining by just 1% over the last decade. Less than half (48%) of currently married women, in the age group of 15-49 years, use modern contraceptives. Despite evidence that family planning is a critical area from the perspective of reducing maternal and infant mortality, allocations have been skewed and are largely insufficient.

Examining the budgetary allocations and expenditure offers some insight into the reasons for the tardy pace in India’s progress on family planning. The FP component gets about 4% of the total budget available under the National Health Mission’s reproductive and child health flexi-pool. Analysis of data from the financial management report shows that in the financial year 2016-17 only 60.7% of the funds available for family planning were spent. The nature of allocations and spending, which currently focuses disproportionately on terminal methods like tubectomy rather than supporting the policy objectives to promote spacing between children and improving the quality of care, is a matter of concern. For proper spacing of children, women need reversible contraceptive methods. In 2016-17, 64% of the FP budget was allocated to terminal and limiting methods, while just 3.7% went towards spacing methods.

There are also serious limitations in the capacity to utilize the funds available for family planning at the implementation stage. For instance, 40% of the money allocated for reversible methods remained unutilized. Strengthening of the systems, beginning with the planning process and going down to actual spending, can result in transformative outcomes. A decentralized, participatory planning process that factors in actual needs and resource requirements of districts, and systematic tracking and monitoring of the spending will improve utilization.

Apart from under-spending on priority areas; the more serious downside of uncoordinated planning is the proclivity to push components such as incentives that are easy to fulfill. In 2016-17, almost 81% of the FP budget was spent on compensation to beneficiaries, and incentives to frontline workers and health care providers of terminal methods of family planning. The skewed emphasis on targets defeats India’s declared policy of population stabilization through a rights-based approach to family planning and reproductive health.

There is evidence on the ground to show that when there are improvements in the quality of care, they have resulted in a dramatic rise in uptake of family planning services. It is also well-known that without serious thought and investment in training of frontline workers and in raising awareness and acceptance of family planning through behaviour change communication, we are at best ticking check boxes to claim success in family planning goals. The government needs to increase allocations, as well as strengthen the systems that would enable better utilization of family planning budgets.

Family planning is a cross-sectoral investment that impacts all the 17 global Sustainable Development Goals (SDGs) directly and indirectly. By prioritizing family planning in the budget, India can choose its place as a lodestar rather than a dead weight in meeting the global SDGs.

A National Consensus Building Workshop on Respectful Maternity Care (RMC) was organized by the White Ribbon Alliance India (WRAI) in collaboration with Indian Association of Parliamentarians on Population and Development (IAPPD) in New Delhi on June 20, 2018.

WRAI is working on improving Respectful Maternity Care in India by breaking the veil of silence around disrespectful and abusive in maternity care.

The aim of the meeting was to:
- Share evidence of lack of Respectful Care during maternity care services;
- Share initiatives to integrate RMC into maternity care service delivery; and
- Validate the RMC Theory of Change and recommend a roadmap to promote RMC in India.

The workshop was opened by Mr. Manmohan Sharma, IAPPD. In his welcome address, Mr. Sharma said that RMC is an integral part of Quality of Care (QoC) and is increasingly recognized internationally as a critical aspect of the maternal healthcare agenda. He said that WHO’s “Quality of Care Framework” for maternal and child health includes both the provision of care and the experience of care as equal determinants of quality of care thus situating RMC as a critical quality of care issue and not exclusively a human rights issue.

Mr. Sharma said that RMC is the focus area for the Ministry of Health and Family Welfare’s recently launched ‘LaQshya’ - an initiative, which is intended to improve the Quality of Care in Labour Rooms & Maternity Operation Theatres in public health facilities across India.

The other speakers who spoke during the workshop included Dr. Aparajita Gogoi, WRAI; Dr. Sumita Ghosh, MOHFW; Ms. Dipa Nag Choudhury, MacArthur Foundation, Dr. Sharmila Neogi, USAID; Dr. Manmeet Kaur, PGIMER-Chandigarh; Dr. Nabin Pati, IPRT; Mr. Martin Rabha, Diya Foundation; Dr. Shrinivas Gadappa, Government Medical College, Aurangabad; Dr. Shalini Singh, ICMR; Ms. Evelyn P. Kannan, TNAI and; Ms. Elena Ateva, White Ribbon Alliance-Global Secretariat.

Respectful Maternity Care

Respectful Maternity Care (RMC) is a universal human right that is due to every childbearing woman in every health system around the world.

Respectful Maternity Care is an integral part of Quality of Care (QoC), which is increasingly recognized internationally as a critical aspect of the unfinished maternal and newborn health agenda. It is recognized that high coverage alone is not enough to reduce maternal mortality and that increased coverage should be accompanied by improved quality throughout the continuum of care. Several studies have demonstrated that QoC often influences a woman’s decision of whether to seek care in a particular institution, thereby indirectly affecting maternal mortality.
The IPCI Steering Committee Conference (International Parliamentarians’ Conference on Implementation of the ICPD Programme of Action) was organized by the Government of Sweden, European Parliamentary Forum on Population and Development (EPF), and United Nations Population Fund (UNFPA) in the Swiss diplomatic hub of Geneva, Switzerland, on June 20, 2018.

Around 30 Parliamentarians from Africa, the Americas, Asia, the Arab World and Europe, as well as experts on the politics of Sexual and Reproductive Health and Rights (SRHR) in international decision-making, participated in a dynamic 2-day discussion. This was an interactive dialogue, where all participants exchanged ideas on how to improve the politics of SRHR. It included a quiz on sexist laws around the world and a game to spread awareness about the power of privilege. Mr. Kwabena Osei-Danquah, Ms. Ragaa Said and Ms. Rachel Snow from UNFPA co-chaired the meeting, alongside EPF Secretary Mr. Neil Datta.

This Conference, organized ahead of IPCI Conference scheduled to take place in October, 2018, aimed to promote dialogue among Parliamentarians from all regions of the world on the implementation of the 1994 International Conference on Population and Development (ICPD) Programme of Action, with a view to further collective action to mobilize resources and create an enabling policy environment. The conference marked the 20th anniversary of the ICPD. The Conference produced a Declaration and Action Plan that will serve as a launching pad for a new phase of commitments.

Mrs. Viplove Thakur, MP, India, participated in the Conference. In her presentation, she said that the favourable demographic features such as large young and working population and recent economic, social and policy initiatives are expected to boost growth of the country. She informed that the Government of India in recent years has embarked upon a number of new social initiatives and improving governance. Several new schemes have been launched with time bound goals designed to provide universal health, housing for all, sanitation, e-governance, financial inclusion and to save and educate girls. These schemes are financially well endowed and some of them have made remarkable progress.
Global TB Caucus Consultation on the High Level Meeting on T.B.
April 25-27, 2018, New York (USA)

The Global TB Caucus is a unique global network of parliamentarians united by their shared commitment to end the tuberculosis (TB) epidemic. Led by its members for its members, the Caucus aims to transform the response to TB through targeted interventions at national, regional, continental and global levels.

Forty Members of Parliament from thirty-five countries came together across three days to discuss the High-Level Meeting on tuberculosis (TB) with civil society, TB experts, and UN Missions.

The Caucus has two elected co-chairmen: Dr. Aaron Motsoaledi, Minister of Health for South Africa; and the Rt. Hon. Nick Herbert, CBE MP from the United Kingdom. Under the leadership of Dr. Motsoaledi and Mr. Herbert, the network has grown from an initial meeting of ten Parliamentarians, to a global organization with support from over 2,300 Parliamentarians in more than 132 countries. The Caucus have launched 4 regional networks, a Francophone linguistic network, and nearly 40 national TB caucuses are counted under the network.

Mrs. Viplove Thakur, MP, India, and Mr. Manmohan Sharma, Executive Secretary, IAPPD, attended the Caucus.

Rt. Hon Nick Herbert, CBF MP, co chair of the Global TB Caucus, opened the first plenary, featuring speakers including Tsira Chakhaia, TB doctor and former patient, who discussed the potential impact of TB from the community perspective. Dr. Tereza Kasaeva, Director, World Health Organization Global TB Programme, explained the Joint Initiative and Dr. Lucica Ditiu — Executive Secretary, Stop TB Partnership, presented the key asks from the TB community and the reasons behind them.

During the session on 'Regional Breakout', Mrs. Viplove Thakur, MP, discussed the epidemic in India in detail and informed about the key steps that the government is taking to eliminate this disease. She also suggested potential amendments to the outcome document and the work plan of activities for delivering the HLM.

The Caucus agreed on two key outcomes: “Global TB Caucus position paper on the High Level Meeting of the General Assembly on Tuberculosis” and the “Global TB Caucus Position on the G20”. Members also sent a letter to every head of state, calling for their attendance at the HLM, and endorsed the TB community Key Asks document.

Over the next few months, member of the Caucus will be working in their national and regional groups to ensure high level commitment to ending the TB epidemic by 2030, as committed to, in the target of the U.N.’s Sustainable Development Goal 3: “Ensure healthy lives and promote well-being for all at all ages.”

This event brought together Ambassadors to the United Nations, members of the Global TB Caucus, representatives of affected communities, TB experts, and UN agencies to discuss the human consequences of the epidemic and how to achieve the target of the Sustainable Development Goals to end TB by 2030.
Low-income nations including Bhutan, Nepal spend more than India on health

India spends 1% of its gross domestic product on public health

According to the National Health Profile 2018 report there is one allopathic doctor for 11,082 people in the country’s villages.

*Rhythma Kaul*

India’s public health expenditure — 1% of its gross domestic product (GDP) — may have witnessed a marginal improvement from 0.98% in 2014, but it is still way behind even the low-income countries that spend 1.4% on an average, shows National Health Profile 2018.

India is spending even less than some of its neighbouring countries such as Bhutan (2.5%), Sri Lanka (1.6%) and Nepal (1.1%), according to the annual report released by the Central Bureau of Health Intelligence, the health intelligence wing of the directorate general of health services in the Union ministry of health and family welfare.

In World Health Organization’s South-East Asian Region, which includes 10 countries, India finishes second last, above only Bangladesh (0.4%), when their health expenditure is compared. Maldives spends 9.4% of its GDP to claim the top spot in the list, followed by Thailand (2.9%).

India’s National Health Policy 2017 proposes raising the public health expenditure to 2.5% of the GDP by 2025.

“...We are working on it and are hopeful of meeting the target. It won’t happen overnight but we are on the right track. If you look at the healthcare indicators such as maternal and infant mortality rate, we are improving at a greater rate than the global target,” Union Health Minister Shri Jagat Prakash Nadda said.

Shortage of doctors is still a problem, with one allopathic doctor for 11,082 people in the country’s villages, as per the report.

The report also shows reduction in the number of deaths due to malaria, a mosquito-borne disease, with 104 people dying in 2017 compared to 331 deaths reported the previous year.

*Source: Rhythma Kaul, Hindustan Times, June 20, 2018.*