

NITI Aayog's Health Index

Why in news?

\n\n

NITI Aayog recently released a comprehensive Health Index report titled “Healthy States, Progressive India”.

\n\n

What is the report on?

\n\n

\n

- It ranks all states and Union territories based on their year-on-year incremental change and overall performance in health.

\n

- All States and UTs have been ranked in three categories to ensure comparison among similar entities.

\n

- They are accordingly Larger States, Smaller States, and Union Territories (UTs).

\n

- The report has been developed by NITI Aayog with technical assistance from the World Bank.

\n

- Ministry of Health and Family Welfare (MoHFW) was also consulted in the process.

\n

- The report is the first attempt to establish an annual systematic tool to measure and understand the nation’s health performance.

\n

\n\n

What are the highlights?

\n\n

\n

- **Larger States** - The Health Index is a weighted composite Index, which for the larger States, is based on indicators in three domains.

- \n
- These are Health Outcomes (70%), Governance and Information (12%) and Key Inputs and Processes (18%).
- \n

\n\n

WHERE THEY STAND

OVERALL PERFORMANCE

TOP THREE

- Kerala
- Punjab
- Tamil Nadu

BOTTOM THREE

- Bihar
- Rajasthan
- Uttar Pradesh

INCREMENTAL IMPROVEMENT

TOP THREE

- Jharkhand
- J&K
- Uttar Pradesh

BOTTOM THREE

- Gujarat
- Haryana
- Kerala

Source: NII Aayog Health Index

\n\n

- \n
- Among the Larger States, Kerala, Punjab and Tamil Nadu ranked on top in terms of overall performance.
- \n
- Jharkhand, Jammu & Kashmir, and Uttar Pradesh ranked as top three States in terms of annual incremental performance.
- \n
- Some of the indicators for incremental performance ranking include:
- \n

\n\n

- \n
- i. Neonatal Mortality Rate (NMR)
- \n
- ii. Under-five Mortality Rate (U5MR)
- \n
- iii. Full immunization coverage
- \n
- iv. Institutional deliveries
- \n
- v. People Living with HIV (PLHIV) on Anti-Retroviral Therapy (ART)

\n

\n\n

\n

- Uttar Pradesh, Rajasthan, Bihar, Odisha and Madhya Pradesh occupied the bottom ranks.

\n

- Odisha is estimated to have the highest neonatal mortality rate at 35 per thousand live births.

\n

\n\n

\n

- **Smaller States** - Among Smaller States, Mizoram ranked first followed by Manipur on overall performance.

\n

- In terms of annual incremental performance Manipur ranked top followed by Goa.

\n

- Manipur registered maximum incremental progress on indicators such as:

\n

\n\n

\n

i. PLHIV on ART

\n

ii. First trimester antenatal care (ANC) registration

\n

iii. Grading quality parameters of Community Health Centres (CHCs)

\n

iv. Average occupancy of key State-level officers

\n

v. Good reporting on Integrated Disease Surveillance Programme (IDSP)

\n

\n\n

\n

- **UTs** - Among UTs, Lakshadweep showed best overall performance as well as the highest annual incremental performance.

\n

- It showed the highest improvement in indicators such as:

\n

\n\n

\n

i. institutional deliveries

- \n
- ii. tuberculosis (TB) treatment success rate
- \n
- iii. transfer of National Health Mission (NHM) funds from State Treasury to implementation agency
- \n

\n\n

What does it imply?

\n\n

- \n
- **Trend** - Clearly, States with a record of investment in literacy, nutrition and primary health care have achieved high scores.
- \n
- States and UTs that start at lower levels of development are generally at an advantage in notching up incremental progress.
- \n
- Whereas for States with high Health Index scores, it is a challenge to even maintain their performance levels.
- \n
- E.g. Kerala ranks on top in terms of overall performance but sees the least incremental change.
- \n
- However, the incremental measurement reveals that about one-third of States have registered a decline in their performance in 2016 as compared to 2015.
- \n
- **Significance** - Health-care delivery is the responsibility of States, with Centre providing the financial and policy support.
- \n
- States' performance in health is crucial for meeting the Sustainable Development Goals over the coming decade.
- \n

\n\n

- \n
- The Index hopes to make a difference by leveraging co-operative and competitive federalism for potentially better health outcomes.
- \n

\n\n

What does it call for?

\n\n

\n

- Intra-State inequalities in health performance have to be addressed.
- \n
- Both the Centre and the States have to scale up their investment on health as a percentage of their budgets.
- \n
- The findings stress the need for pursuing domain-specific, targeted interventions.
- \n
- Common challenges for most States and UTs include the need to focus on:
- \n

\n\n

\n

- i. addressing vacancies in key staff
- \n
- ii. establishment of functional district Cardiac Care Units (CCUs)
- \n
- iii. quality accreditation of public health facilities
- \n
- iv. institutionalization of Human Resources Management Information System (HRMIS)
- \n

\n\n

\n

- Additionally, almost all Larger States need to focus on improving the Sex Ratio at Birth (SRB).
- \n
- The index could be linked to incentives offered under the National Health Mission by the Ministry of Health and Family Welfare.
- \n

\n\n

\n\n

Source: PIB, The Hindu

\n