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Article

India's Journey Towards SDG 3 And the Role of Pradhan Mantri Jan Arogya Yojana

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Abstract: Good health and well – being comprise the foundations of Sustainable development and human prosperity as speculated in the United Nations Sustainable Development Goal -3. This study evaluates India's progress towards achieving Sustainable Development Goal 3 (SDG 3), focusing on 'Good Health and Well-being for All,' and assesses the role of the Pradhan Mantri Jan Arogya Yojana (PMJAY) in strengthening public health systems. The research highlights significant advancements in various health indicators, particularly in maternal and child health, disease control, and access to healthcare services across India. Key achievements include a notable reduction in maternal mortality rate (MMR), infant mortality rate (IMR), and under-five mortality rate (U5MR), alongside improved rates of skilled birth attendance and antenatal care visits. Despite these successes, the study identifies persistent challenges, such as disparities in health insurance coverage, nutritional deficiencies (including underweight children and anaemia among women), and gaps in maternal and child health services, particularly in rural and underserved areas. Social issues like spousal violence and early marriage also continue to pose significant health risks. PMJAY, launched in 2018, aims to reduce healthcare expenditure for vulnerable populations by providing health coverage and strengthening healthcare delivery through initiatives like Ayushman Arogya Mandirs and remote medical consultations. While the scheme has made substantial progress, ongoing efforts are crucial to address consultations. gaps, human resource shortages, and prevent fraud to ensure equitable health outcomes by 2030.

Keywords: Disease Control, Family Planning, Health and Wellness, Health Insurance, Maternal and Child Health.

INTRODUCTION

SDGs consists of 17 goals that address the various global challenges including poverty, inequality changes in the climate environmental degradation peace and justice SDG's are designed to be integrated and indivisible, recognizing that the action in one area will impact the outcomes in others. The SDGs are a collection of 17 interlinked goals designed to guide reflection and action on the most pressing challenges and opportunities facing humanity and the natural world, including inequalities change in the climate , justice and peace and universal cooperation to meet global targets These goals and their targets acknowledge that poverty ending and other deprivations must go hand-in-hand with strategies that improve health and education, social inequalities, and economic disparities–all while tackling climate change and working to preserve our natural surroundings.

Over the last 15 years, the number of childhood deaths has been cut in half. This proves that it is possible to win the fight against almost every disease. Still, we are spending an astonishing amount of money and resources on treating illnesses that are surprisingly easy to prevent. The new goal for worldwide Good Health promotes healthy lifestyles, preventive measures and modern, efficient healthcare for everyone.

Significance of the Study

The study is descriptive in nature highlighting the policy relevance and progress in India's journey towards achieving the SDG by offering a systematic assessment of achievements both at national and state levels. The study also focuses on how India's

performance significantly influences global SDG achievement by drawing attention to intra state inequalities. The study also highlights the best practices from high performing states which can be replicated in lagging areas.

Objectives of the Study

1. To understand the demographic profile and health conditions in rural and urban areas
2. To evaluate the state wise progress in health conditions across rural and urban India
3. To analyse the impact of Pradhan Mantri Jan Arogya Yojana
4. To assess the progress of India towards achieving the SDG 3

DISCUSSIONS

I. DEMOGRAPHIC PROFILE AND HEALTH CONDITIONS IN RURAL AND URBAN INDIA

India's demographic profile and health conditions reveal distinct trends between its rural and urban regions, as outlined in the 'Health and Family Welfare Statistics in India 2023' report. The findings underscore notable advancements in various health indicators while also highlighting ongoing disparities.

Demographic Characteristics

- As of March 1, 2011, India's population was recorded at 1,210.9 million, with males making up 51.5% and females 48.5%. The nation ranks as the second most populous in the world, following China.
- Projections suggest a steady increase, reaching 1,363.00 million in 2021 and an estimated 1,522.28 million by 2036
- The national SRB improved from 896 in 2015-17 to 907 in 2018-20. This favorable trend is observed in both rural (898 to 907) and urban (890 to 910) areas.
- Kerala and Chhattisgarh reported the highest SRB (974 and 958 respectively) in 2018-20, while Uttarakhand and Delhi had the lowest (844 and 860).
- In 2011, around 27.5% of the population fell within the 15-29 age group, indicating a youthful demographic
- The age-sex distribution is comparable in both rural and urban areas, with a greater proportion of young working-age individuals in both contexts.
- The national TFR decreased to 2.0 children per woman in 2020, down from 2.2 in 2017. This figure is slightly below the replacement level of 2.1.
- The TFR in rural regions fell from 2.4 in 2015-16 to 2.1 in 2019-21, while in urban areas it decreased from 1.8 to 1.6 during the same timeframe.

Health Conditions and Its Accessibility

- India's MMR saw a significant reduction from 130 in 2014-16 to 97 in 2018-20 per 100,000 live births, moving closer to the Sustainable Development Goal (SDG) target of less than 70 by 2030
- The Infant Mortality Rate (IMR) dropped from 34 in 2016 to 28 in 2020 nationally.
- The Under-Five Mortality Rate (U5MR) also showed a decline, reflecting improvements in child health.
- The Neonatal Mortality Rate (NMR) experienced a reduction from 25 in 2015 to 20 in 2020. In 2020, the NMR in rural regions fell from 25 to 23, while in urban regions it decreased from 13 to 12
- The proportion of births attended by skilled health personnel rose from 81.4% in 2015-16 to 89.4% in 2019-21. This reflects substantial advancement towards the Sustainable Development Goal (SDG) target of 97% by 2030
- States such as Lakshadweep and Kerala reported full attendance at 100%, whereas Nagaland (55.3%) and Meghalaya (64.0%) exhibited lower attendance rates.
- The percentage of women receiving four or more ANC visits increased from 51.2% in 2015-16 to 58.5% in 2019-21.
- Urban women (69%) are more likely to have four or more ANC visits compared to rural women (55%). Goa (93%), Lakshadweep (92.1%), and Tamil Nadu (90.6%) reported the highest rates, while Nagaland (20.7%) and Bihar (25.2%) had the lowest [16].
- The percentage of women aged 15-49 with below-normal BMI decreased from 23% in 2015-16 to 19% in 2019-21. For men, the decline was from 20% to 16%
- The prevalence of below-normal BMI is higher in rural areas for both men (18%) and women (21%) compared to urban areas (13% for each)
- The national average for anaemic women aged 15-49 years stands at 57.0%. Among pregnant women, the national average for anaemia is 52.2%, while for non-pregnant women it is 57.2%. Ladakh (92.8%) and Bihar (78.1%) exhibit high prevalence rates among pregnant women.
- The percentage of currently married women utilizing any modern family planning method increased from 47.7% in 2015-16 to 56.4% in 2019-21, exceeding the SDG target of 55.3%.
- The unmet need for family planning methods decreased from 12.9% in 2015-16 to 9.4% in 2019-21, also surpassing the SDG target of 10.5%

- The rate of marriage before the legal age of 18 for women aged 20-24 declined from 27% in NFHS-4 to 23% in NFHS-5. For men aged 25-29, marriage. For the men of age 25-29, marriage as early at 21 reduced from 20% to 18%.
- Rural regions exhibit a greater incidence of early marriage (27% for women, 21% for men) in comparison to urban regions (15% for women, 11% for men).

II. STATE-WISE PROGRESS IN HEALTH CONDITIONS ACROSS RURAL AND URBAN INDIA

India's report titled 'Health and Family Welfare Statistics in India 2023' underscores the varying advancements in health conditions across its states and union territories, revealing distinct trends between rural and urban populations. The data reflects overall enhancements in several critical health indicators, although disparities remain across different regions and settings.

Maternal and Child Health Indicators

- The national MMR has decreased to 97 per 100,000 live births during the period of 2018-20, yet specific state-level data is not broken down by rural and urban contexts in the information provided. Nevertheless, this overall decline contributes to the national progress towards achieving the Sustainable Development Goal (SDG) target of fewer than 70 by 2030
- The national IMR fell to 28 in 2020. In rural regions, the IMR was recorded at 31, while in urban areas it stood at 20. Kerala reported the lowest IMR at 6.
- The U5MR at the national level decreased to 32 in 2020. In rural areas, the U5MR was 36, whereas in urban settings it was 21. Madhya Pradesh exhibited the highest U5MR in rural areas (56), while Kerala had the lowest (5)
- In urban regions, Madhya Pradesh also recorded the highest U5MR (33), with Tamil Nadu having the lowest (11).
- The national NMR saw a reduction to 20 in 2020. In rural areas, the NMR was 23, and in urban areas, it was 12. Madhya Pradesh reported the highest rural NMR (34), while Kerala had the lowest (3). For urban areas, Chhattisgarh and Odisha recorded the highest NMR (20), while Tamil Nadu had the lowest (6)
- The proportion of births attended by skilled health personnel rose nationally to 89.4% during the period of 2019-21. Lakshadweep and Kerala achieved a remarkable 100% attendance, with Puducherry (99.9%), Tamil Nadu (99.8%), and Goa (99.1%) also demonstrating very high rates. Conversely, Nagaland (55.3%) and Meghalaya (64.0%) reported the lowest percentages.
- The proportion of women receiving four or more ANC visits rose to 58.5% nationally during the period of 2019-21. Urban women (69%) were more likely to have four or more ANC visits compared to their rural counterparts (55%). The states with the highest rates included Goa (93%), Lakshadweep (92.1%), and Tamil Nadu (90.6%), whereas Nagaland (20.7%), Bihar (25.2%), and Arunachal Pradesh (36.6%) reported the lowest rates.

Nutritional Status

- The percentage of women aged 15-49 with below-normal BMI decreased to 18.7% nationally in 2019-21. The incidence of below-normal BMI was higher in rural regions for both men (18%) and women (21%) compared to urban areas (13% for both). Jharkhand (26.2%) and Bihar (25.6%) exhibited the highest proportions of underweight women.
- The national average for women aged 15-49 suffering from anaemia stands at 57.0%. Among pregnant women, the national average for anaemia is 52.2%, while it is 57.2% for non-pregnant women. Ladakh (92.8%) and Bihar (78.1%) reported significant prevalence rates among pregnant women.

Access to Healthcare and Family Planning

- The national average for households with at least one member covered by a health scheme or insurance was 41.0% in 2019-21. Rajasthan (87.8%) and Andhra Pradesh (80.2%) had the highest coverage rates, while A&N Island (1.8%), J&K (13.8%), Uttar Pradesh (15.9%), and Manipur (16.4%) had the lowest.
- In 2019-21, 70.2% of Indian households utilized an improved sanitation facility
- In 2019-21, 96.9% of Indian households had access to an improved drinking water source. Nearly all urban households (99%) and 96% of rural households had access to improved drinking water.
- Nationally, 58.6% of households used clean fuel for cooking in 2019-21.
- The national average of married women currently utilizing any modern family planning method rose to 56.4% during the period of 2019-21, exceeding the Sustainable Development Goal (SDG) target of 55.3%. The states with the highest usage rates were Andhra Pradesh (70.8%), Karnataka (68.2%), and Telangana (66.7%). Conversely, the states with the lowest rates included Manipur (18.2%), Meghalaya (22.5%), Lakshadweep

(30.1%), Mizoram (30.8%), Bihar (44.4%), and Uttar Pradesh (44.5%).

- The overall unmet need for family planning decreased from 12.9% in 2015-16 to 9.4% in 2019-21, also surpassing the SDG target of 10.5%. Meghalaya (26.9%) and Mizoram (18.9%) exhibited the highest unmet needs, while Andhra Pradesh (4.7%) recorded the lowest.

Other Health Indicators

- The rate of new HIV infections per 1,000 uninfected individuals fell to an estimated 0.05 in 2019 and remained stable through 2021.
- The incidence of tuberculosis per 100,000 individuals decreased from 217 in 2016 to 194 in 2020, with a minor rise to 197 in 2021.
- The number of malaria cases per 1,000 individuals significantly dropped from 0.92 in 2015 to 0.13 in 2022.
- The national prevalence of hypertension among men aged 15 and older was 24.0%, while for women, it was 21.3%.
- The percentage of men reporting asthma was 1.2%, compared to 1.6% for women.

III. CENTRAL GOVERNMENT INITIATIVES IN LINE WITH SDG 3

Sustainable Development Goal 3 (SDG-3) seeks to "ensure healthy lives and promote well-being for all at all ages." India being a endorser to the UN 2030 agenda has started several initiatives to address health inequities, upgrade health care systems, ensuring universal access to health care. The Central Government has launched various policies and programs that focus on maternity and childcare, contagious and non-contagious disease, health coverage, nourishment and overall wellness. The key initiatives include the following

1. **Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PMJAY):** Started in 2018, it provides health coverage of ₹5 lakh per family per year for specialized medical care and advanced health care. Targets over 50 crore vulnerable beneficiaries. Strengthens healthcare delivery through Health and Wellness Centres (HWCs).
2. **National Health Mission (NHM):** Incorporates National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM). It focuses on equitable, cost effective, and inclusive healthcare, especially for vulnerable groups.
3. **POSHAN Abhiyaan (National Nutrition Mission):** Aims to reduce malnutrition, suppress, undernutrition, anemia, and low birth weight. It integrates nutrition with maternity and childcare
4. **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA):** Provides free, assured, comprehensive antenatal care on the 9th of every month to pregnant women.
5. **Mission Indradhanush:** Focuses on full immunization coverage for children under two years and pregnant women. It was further expanded as Intensified Mission Indradhanush (IMI).
6. **National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS):** Addresses the rising burden of non-contagious disease. It provides re-viewing identification , and management services
7. **Ayushman Bharat Digital Mission (ABDM):** Seeks to create a digital health ecosystem by issuing unique health IDs. It facilitates interoperability of electronic health records
8. **Swachh Bharat Mission (SBM):** Indirectly contributes to SDG-3 by promoting hygiene cleanliness, mitigating disease impact, and improving hygiene.
9. **National Mental Health Program (NMHP):** Expands mental health services, integrates guiding, and raises awareness about psychological well-being.

PRADHAN MANTRI JAN AROGYA YOJANA [PMJAY]

Ayushman Bharat Pradhan Mantri – Jan Arogya Yojana (AB PM-JAY) is the world's largest health assurance scheme that intends to reduce the actual expenditure arising due to crushing cost on healthcare. AB PM-JAY was launched on 23rd September 2018 as recommended by the National Health Policy 2017, to achieve the SDGs vision of Universal Health Coverage (UHC), subsuming the erstwhile Rashtriya Swasthya Bima Yojana (RSBY). The scheme provides health insurance of Rs. 5 lakhs per family p.a. specialized medical care and advanced health care hospitalization to 40% of India's economically deprived groups. PMJAY aims to reduce actual health expenditure, improve access to superior healthcare, and fosters inclusiveness in service delivery. The scheme covers nearly 1,500 medical and surgical treatment packages, with services offered through a vast network of enrolled public and private hospitals.

Achievements and Progress

(i) **Implementation of Health Centers**: As of December 31, 2024, 1,75,560 Ayushman Arogya Mandirs (AAMs) have been executed recording a cumulative footfall of 371.97 crores. AAMs provide Comprehensive Primary

Health Care (CPHC) by expanding existing services and incorporating noncontagious disease (NCDs) care.

(ii) **Remote Medical Consultation Services**: The e-Sanjeevani remote medical platform has streamlined access to specialist services through a 'hub-and-spoke' model. By the end of December 31, 2024, 31.86 crore patients had utilized these services, bridging gaps in healthcare accessibility.

(iii) **Community engagement:** The Ayushman Arogya Shivir initiative, launched in April 2024, has conducted 13.26 lakh camps with a pace of 7.19 crore people by December 31, 2024, enhancing healthcare access at the grassroots level**.**

(iv) **Preventive Screening and Early Diagnosing:** Significant screening efforts have been made for various diseases, including 100.57 crore for Hyperpiesia, 88.65 crore for Diabetes, 59 crores for oral cancer, 26.95 crore for breast cancer, and 17.69 crore for cervical cancer by December 31, 2024.

(v) **Wellness Management**: Over 4.74 crore wellness sessions, including yoga and meditation, have been held across AAMs, promoting health and well-being**.**

(vi) **Hospital Inclusion**: As of December 31, 2024, 30,072 hospitals are permitted under PMJAY, with 3,284 added in 2024 alone, 48% of which are private hospitals.

(vii) **Recipient Identification**: More than 36.36 crore Ayushman Cards have been created, with 2.37 crore generated between April and December 2024, aiming for saturation across the country**.**

(viii) **Inclusion of Deprived Populations**: Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), and Anganwadi Helpers (AWHs) are a major part of this program. Irrespective of socioeconomic background, adults above the age of 70 years are eligible for free medical care up to ₹5 lakh annually.

Challenges

(i) **Actual Expenditure**: A primary objective of PMJAY is to minimize actual healthcare expenditures for the poor and vulnerable population. Focusing on reducing this, challenges may persist in ensuring all eligible recipients fully utilize the cashless services and that the registered hospitals do not overcharge.

(ii) **Infrastructure Gaps**: The scheme focuses on bridge gaps in health infrastructure, particularly in underprivileged communities, by modernizing health care services at all levels. Despite advances, continuous efforts are required to ensure adequate infrastructure, especially in rural and remote regions.

(iii) **Human Resources**: Establishing adequate personnel staff, which includes medical officers, specialists, nurses, and auxiliary medical staff, remains a challenge, particularly in remote and underserved areas.

(iv) **Fraud and Abuse**: Preventing deceitful activities and ensuring accuracy in claims processing is vital. Robust anti-deception mechanisms are in place, but continuous vigilance is required to mitigate such risks**.**

(v) **Data Management and Monitoring**: While IT-enabled systems are widely used for collecting data and monitoring, ensuring real-time data accuracy, completeness, and effective utilization for policy formulation and interventions remains an ongoing task

PMJAY Progress and Targets in India with a focus on South Indian States

Target /Indicator	Goal (by 2025/2030)	Achievements (as of 2024-25)	Gaps/Challenges (as of 2024-25)
Maternal Mortality Ratio (MMR)			
MMR (per 100,000 live births)	<70 by 2030	97 (2018-20)	India is focusing to achieve the target of 70 by 2030
Child Mortality			
Under-Five Mortality Rate (U5MR) (per 1,000 live births)	<25 by 2030	32 (2020)	Substantial Decline but still elevated above the 2030 target.
Infant Mortality Rate (IMR) (per 1,000 live births)	28 by 2019 (NHP target)	28 (2020)	Accomplished the NHP 2017 target.
Neonatal Mortality Rate (NMR) (per 1,000 live births)	<12 by 2025 (NHP target)	20 (2020)	Still above the 2025 NHP target.
Universal Health			

Coverage (UHC)			
Ayushman Arogya Mandir (AAM) operationalization	1,50,000 centers	1,75,560 AAMs operationalized (as of Dec 31, 2024)	Exceeded the target for AAM operationalization.
Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY) health cover	₹5 lakhs per family per year	Over 36.36 crore Ayushman Cards created (as of Dec 31, 2024)	Aims to minimize out-of-pocket expenditure for poor and vulnerable populations.
Disease Control			
Tuberculosis (TB) incidence rate reduction	17.7% (2015-2023)	Reduced by 17.7% (2015-2023) .	Continued efforts to eliminate TB by 2025 .
Malaria cases and deaths reduction	80% reduction (2015-2023)	Cases and deaths reduced by 80% (2015-2023).	India's efforts serve as a global benchmark for public health excellence .
Sickle Cell Anemia Elimination	Major public health issue eliminated by 2047	4,90,88,714 persons screened (as of Dec 31, 2024)	Ongoing mission to eliminate sickle cell anaemia as a major public health issue .
Kala-azar Elimination	<1 case per 10,000 population by end of 2023	Achieved in 633 endemic blocks (2023).	India is prepared to maintain momentum for WHO validation by 2027.
Health Infrastructure & Human Resources			
Critical gaps in health infrastructure	Strengthening healthcare systems at all levels	PM-ABHIM launched with ₹64,180 crore outlay (Oct 2021)	Efforts are ongoing to address critical gaps, particularly in underserved areas.
Human Resources	Ensure sufficient medical officers, specialists, nurses, paramedical staff	Nearly 3.89 lakh health human resources provided to States	Continuous efforts are needed, especially in remote areas.

Table 01: State-wise: Total Funds Released during the period 2019-2024 under PMJAY

Funds Released	
Andra Pradesh	1527.51
Goa	2.31
Karnataka	1638.77
Kerala	558.40
Maharashtra	1597.633
Tamil Nadu	1530.48
Telangana	236.45
India	**15693.393**

Source: Health and Family Welfare Statistics 2023

Table 02: State-wise: Maternal Health related Hospital Admissions and Amount Authorised under the scheme

State/UT	**Public Hospitals**	**Public Hospitals - (Rs. in Crores)**	**Private Hospitals**	**Private Hospitals - (Rs. In Crores)**
Andhra Pradesh	660094	693.57	305840	404.17
Karnataka	903417	337.77	22361	20.49
Kerala	85627	78.37	78834	83.53
Maharashtra	4366	5.39	7594	11.22
Tamil Nadu	35389	58.22	6436	12.61
Telangana	62669	93.6	6990	16.77
INDIA	**3359593**	**2857.36**	**683002**	**883.15**

Source: Health and Family Welfare Statistics 2023

Table 03: State-wise: Total Hospital Admissions under PMJAY

States/UTs	Hospital Admissions
Andhra Pradesh	7276194
Goa	10221
Karnataka	10002556
Kerala	6614465
Maharashtra	2364107
Tamil Nadu	10753037
Telangana	1883804
India	81973363

Source: Health and Family Welfare Statistics 2023

The PMJAY scheme has made significant strides in improving health outcomes and infrastructure across India, with South Indian states like Karnataka, Tamil Nadu, and Andhra Pradesh demonstrating high engagement through substantial fund utilization and a large number of hospital admissions, particularly in maternal health services.

IV. INDIA PROGRESS TOWARDS ACHIEVING SDG 3 TARGETS: GOOD HEALTH AND WELL-BEING

India has shown considerable advancement in fulfilling numerous health-related Sustainable Development Goals (SDGs), especially those encompassed within SDG 3, 'Good Health and Well-being'. This advancement is evident through various indicators, which highlight improvements in maternal and child health, disease management, and access to healthcare services.

Maternal and Child Health Enhancements

- India has achieved remarkable progress in lowering its MMR. The national MMR fell from 130 per 100,000 live births during 2014-16 to 97 in 2018-20, moving closer to the SDG target of below 70 by 2030.
- The proportion of births attended by skilled health personnel in India rose from 81.4% in 2015-16 to 89.4% in 2019-21, indicating significant progress towards the SDG target of 97% by 2030.
- The U5MR at the national level has decreased from 43 per 1,000 live births in 2015 to 32 in 2020. Likewise, the Neonatal Mortality Rate (NMR) fell from 25 in 2015 to 20 in 2020.
- The percentage of women aged 15-49 with a live birth who received antenatal care four times or more increased from 51.2% in 2015-16 to 58.5% in 2019-21.
- India has made significant strides in reaching the SDG target for institutional births, achieving an impressive national average of 88.6% in 2019-21, up from 78.9% in 2015-16.

Disease Control and Prevention

- The incidence rate of new HIV infections per 1,000 uninfected individuals has significantly declined from 0.60 in 1996 to an estimated 0.05 in 2019, a level that has been maintained through 2021.
- A downward trend has been noted in tuberculosis (TB) incidence rates, with the number of cases per 100,000 individuals falling from 217 in 2016 to 197 in 2021. Moreover, the percentage of TB cases that were successfully treated has increased, reaching 86% by 2022.
- The incidence of malaria, quantified in cases per 1,000 individuals, has markedly decreased from 0.92 in 2015 to just 0.13 in 2022. The case fatality ratio for dengue has reduced from 0.22 in 2015 to 0.12 in 2022.
- The rate of grade-2 cases among new leprosy cases has dropped from 4.46 per million population in 2015-16 to 1.70 in 2022-23. Additionally, the proportion of blocks reporting fewer than 1 Kala Azar case per 10,000 population has increased from 78.34% in 2015 to 99.84% in 2022.

Access to Healthcare and Well-being

- The percentage of households with at least one member enrolled in a health scheme or health insurance has risen from 28.70% in 2015-16 to 40.99% in 2019-21.
- The national average for the utilization of modern contraceptives is an impressive 56.4% in 2019-21, surpassing the Sustainable Development Goal (SDG) target of 55.3% set for 2030 [29] [30]. The unmet need for family planning methods has fallen from 12.9% in 2015-16 to 9.4% in 2019-21, exceeding the 2030 target of 10.5%.
- The prevalence of any form of tobacco use among adults aged 15 years and older has decreased by six percentage points, from 34.6% in 2009-10 to 28.6% in 2016-17.

- The proportion of children aged 12-23 months who are fully vaccinated has increased from 62.0% in 2015-16 to 76.6% in 2019-21.

V. CHALLENGES FOR INDIA IN ACHIEVING SDG 3 TARGETS

While India has made significant progress across various health indicators towards achieving Sustainable Development Goal 3 (Good Health and Well-being), several challenges remain. These challenges are evident in areas where targets are yet to be met, or where disparities persist across states and populations.

Disparities in Health Insurance Coverage

- Although there has been overall advancement in health scheme and insurance coverage, notable disparities persist. Regions such as the Andaman and Nicobar Islands (1.8%), Jammu and Kashmir (13.8%), Uttar Pradesh (15.9%), and Manipur (16.4%) continue to exhibit very low percentages of households enrolled in health schemes or insurance. The national average for this metric stands at 41.0%. This highlights the challenge of ensuring equitable access to financial healthcare protection throughout the nation. Nutritional Challenges
- A significant number of children under the age of five are still underweight, with a national average of 32.1%. States such as Bihar (41%), Gujarat (39.7%), and Jharkhand (39.4%) demonstrate particularly elevated rates, underscoring ongoing challenges related to child nutrition.
- Stunting in children under five years is another pressing issue, with a national average of 35.5%. Meghalaya (46.5%), Bihar (42.9%), and Uttar Pradesh (39.7%) report the highest figures, reflecting persistent difficulties in tackling chronic malnutrition.
- Anaemia continues to be a prevalent issue among women aged 15-49 years, with a national average of 57.0%. The prevalence of anaemia among pregnant women is also significant at 52.2%. Ladakh (92.8% for all women, 78.1% for pregnant women) and Bihar (63.5% for all women, 63.5% for pregnant women) rank among the states with the highest rates, indicating a critical public health concern.
- The proportion of women aged 15-49 years with a Body Mass Index (BMI) below the normal range is 18.7% nationally. Jharkhand (26.2%), Bihar (25.6%), and Gujarat (25.2%) report the highest percentages, suggesting nutritional deficiencies among adult women.

Maternal and Child Health Gaps

- Despite notable advancements, the national average for births attended by skilled health personnel stands at 89.4%, which falls short of the 2030 SDG target of 97%. Certain states, such as Nagaland (55.3%) and Meghalaya (64.0%), exhibit particularly low rates, underscoring the necessity for enhanced skilled birth attendance.
- The proportion of women receiving a minimum of four antenatal care visits is 58.5% on a national scale. Nagaland (20.7%), Bihar (25.2%), and Arunachal Pradesh (36.6%) report the lowest coverage, indicating obstacles to comprehensive maternal healthcare in these areas.
- While the national average for institutional births is a commendable 88.6%, it remains below the 2030 SDG target of 92%. States like Nagaland (45.7%) and Meghalaya (58.1%) show significantly lower rates, suggesting that access to institutional delivery continues to be a challenge in certain regions.
- The national average for early pregnancy and motherhood among women aged 15-19 years is 6.8%, nearing the 2030 SDG target of 5.5%. However, states such as Tripura (21.9%), West Bengal (16.4%), and Andhra Pradesh (12.6%) present much higher rates, which pose risks to the health of young mothers and their offspring. Disease Control and Prevention
- Although there is a positive trend, the TB treatment success rate reached 86% by 2022, still below the 2015 baseline of 87%. This highlights the need for ongoing and enhanced efforts in TB management.
- Merely 1.91% of women aged 30-49 years have participated in a cervical cancer screening test nationally. This alarmingly low rate reveals a significant deficiency in preventive health services for women.

- A significant percentage of ever-married women aged 18-49 years (26.8%) have faced spousal violence, with rural areas exhibiting higher rates (31%) compared to urban regions (25%). States such as Karnataka (45.1%), Bihar (37.3%), and Telangana (33.2%) report the highest prevalence, highlighting a persistent social issue that affects women's well-being.

- The national average for women aged 20-24 years who were married before the age of 18 stands at 23.3%. West Bengal (41.6%), Bihar (40.8%), and Tripura (40.1%) demonstrate elevated rates, indicating that child marriage continues to be a significant concern affecting the health and well-being of young women.

FINDINGS

1. India has achieved notable advancements in various health and demographic metrics, especially in lowering maternal and child mortality rates and enhancing access to essential health services. Nevertheless, disparities between regions and between rural and urban areas continue to exist, highlighting the necessity for ongoing targeted initiatives to guarantee equitable health outcomes for everyone. The emphasis on Sustainable Development Goal 3, 'Ensure healthy lives and promote well-being for all at all ages,' continues to serve as a guiding principle for these endeavors.
2. India has achieved significant advancements in enhancing various health indicators across its population, particularly in maternal and child health, family planning, and access to essential services. Nevertheless, pronounced disparities between rural and urban areas, as well as among different states, underscore the necessity for ongoing targeted interventions to guarantee equitable health outcomes for all citizens.
3. India has made remarkable advancements in numerous health indicators, showcasing a robust commitment and progress towards fulfilling the SDG 3 targets, with several indicators already achieving or approaching their 2030 objectives. These accomplishments are credited to inclusive governmental initiatives and groundbreaking programs focused on enhancing health and family welfare throughout the nation.

Despite notable progress, India encounters substantial challenges in meeting its SDG 3 targets, particularly in addressing nutritional deficiencies, enhancing access to and quality of maternal and child health services in specific regions, improving preventive health screenings, and confronting social issues such as spousal violence and early marriage. Ongoing inclusive government initiatives and targeted interventions are essential to surmount these obstacles and ensure 'Good Health and Well-being for All' by 2030.

CONCLUSION

Significant Progress in Health Indicators

India has demonstrated remarkable advancements in various health and demographic metrics, particularly in reducing maternal and child mortality rates and improving access to essential health services**.** This progress aligns with the Sustainable Development Goal 3 (SDG 3) to 'Ensure healthy lives and promote well-being for all at all ages,' with several indicators already meeting or approaching their 2030 targets **.**These achievements are largely attributed to inclusive governmental initiatives and groundbreaking programs focused on enhancing health and family welfare.

Despite the notable progress, India continues to face substantial challenges in achieving its SDG 3 targets . Significant disparities persist between rural and urban areas, as well as among different states, highlighting the need for ongoing targeted interventions **.** Key challenges include nutritional deficiencies, such as underweight children and anaemia among women, and gaps in the quality and accessibility of maternal and child health services in specific regions. Furthermore, issues like spousal violence and early marriage remain critical social concerns affecting public health.

The Pradhan Mantri Jan Arogya Yojana (PMJAY) is a crucial initiative aimed at reducing healthcare expenditure for vulnerable populations by providing health coverage and strengthening healthcare delivery. While PMJAY has made significant strides in operationalizing health centres and expanding access to medical consultations, challenges such as actual expenditure management, infrastructure gaps, human resource shortages, and the prevention of fraud and abuse require continuous vigilance and effort. Continued inclusive government efforts and targeted interventions are essential to overcome these hurdles and ensure 'Good Health and Well-being for All' by 2030.

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