"Healthy States, Progressive India": An Introspection

Sir,

National Institution for Transforming India (NITI) Aayog in collaboration with the Ministry of Health and Family Welfare and with technical assistance from the World Bank has recently published "Healthy States Progressive India: Report on the Ranks of States and Union Territories," the second edition of the Health Index encompassing overall and incremental health performances of states and Union territories (UTs).[1] The report presented well-documented status of states and UTs and comparative analysis across indicators. It also provided with a roadmap to further action as far as health is concerned; for example, stress was given on the improvement of quality of Health Management Information System (HMIS) and program-specific MIS data; regularization of Sample Registration System (SRS) reporting, etc., Limitations encountered during the development of index and data collection were also mentioned which included important ones such as noninclusion of noncommunicable diseases and nonavailability of certain indicators, which represents the clarity in methodology and commitment of the authority toward data quality. However, some observations are noted that can invite critique.

Better clarification was expected for some classifications and cutoffs used in this document. The rationale of grouping states as "larger" and "smaller" is not mentioned anywhere. This may create confusion in generalization of findings when compared with other nationally representative reports. For example, in SRS, Himachal Pradesh was considered as "smaller" state,[2] which is included as "larger state" in this document. Second, based on incremental scores, the states and UTs were categorized into "not improved" (<0.0), "least improved" (0.1–2.0), "moderately improved" (2.1–4.0), and "most improved" (>4.0). Rationale of this classification (cutoff) was missing. The process and rationale of deciding upon the values of weight for indicators were not given. For example, each "key health outcome indicator" was given weight of "100." Whether such value was derived statistically or decided arbitrarily and then accepted based on unanimous decision of experts is not mentioned. It could have been supplemented as separate link/annexure.

Important health- and nutrition-related indicators, e.g., "infant mortality rate," "anemia among women 15–49 years," and "children under age 6 months exclusively breastfed," could be considered for index calculation as data sources are available for India (SRS, NFHS).[2-4] Moreover, these are considered as Global Reference List of 100 Core Health Indicators by the WHO. Involvement of private sector in health process as well as outcome was not evident. Two indicators have taken private sector into account, viz., "proportion of institutional delivery" (No. 1.2.2) and "total case notification rate of tuberculosis" (No. 1.2.3).[1] Presentation of disintegrated data (public and private separately) would have given some estimate of involvement/contribution of private sector. Incorporation of indicators specific for private sector involvement could supplement the results.

As identical set of indicators were not used for all of states and UTs, presenting correlation of health index score with economic level of states/UTs by scatter-plot should have been done separately for larger and smaller states and UTs, rather than presenting in a combined way as shown in Figure E4 (Composite Index scores in Reference Year and per capita Net State Domestic Product at current prices).[1] Moreover, the justification of the inference "The magnitude of change was bigger in UTs compared to larger and smaller states" is questionable.

Remarkable change has been noted for some states. One such example is Tamil Nadu which has fallen from 3rd to 9th rank. It showed deterioration or static state in more than half of the 23 selected indicators. Contrary to this, in recent years, this state showed decline in infant mortality rate (16 per 1000 live births)[2] and maternal mortality ratio (66 per 100,000 live births)[5] and already achieved the global and national targets for these two indicators. Such observations, therefore, bring about the question that whether the health status that is represented by the current report is truly reflecting the health situation of the state or not.

Incremental score is dependent on the baseline score for any state/UT. Now, the states which have already achieved high score, e.g., Andhra Pradesh, Kerala, and Tamil Nadu; for them, increasing the score further is practically difficult due to limited scope of further improvement of indicators. It was mentioned in previous report but not in the current one.

It is expected that such a gigantic attempt will be translated in action to improve health of the nation. Therefore, guideline(s) to obtain feedback from states/UTs after dissemination of report within a fixed time-frame should be formulized. This feedback should outline the policies and strategies planned by each state/UT to work on the poor-performing areas and sustain on the well-performing ones.

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Conflicts of interest

There are no conflicts of interest.

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