

BPNI/2017/056

May 15, 2017

Dr. Arvind Panagariya,  
Vice Chairman  
NITI Aayog  
Government of India  
Sansad Marg ,  
New Delhi- 110001

Sub: Comments on three-year action agenda 2017-18 to 2019-20

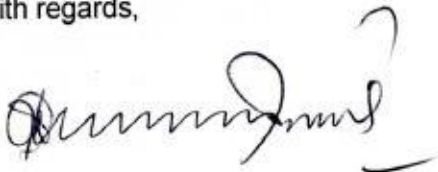
Dear Dr. Panagariya,

We thank you for having three-year action agenda of Niti Aayog. We are happy to provide some comments for strengthening health sector and its role in tackling undernutrition.

Please find attached as Annex 1.

We hope to be involved in future discussions on this critical subject matter.

With regards,



**Dr. Arun Gupta MD FIAP**  
Member, Prime Minister's Council on India's Nutrition Challenges,  
Central coordinator Breastfeeding Promotion Network of India (BPNI),  
Regional coordinator, International Baby Food Action Network (IBFAN), Asia.

Copy to  
Sh. Ratan Watal, Principal Adviser Niti Aayog.  
Sh. Amitabh Kant, CEO Niti Aayog.

**Annex 1**  
**Comments on three-year action agenda**  
**2017-18 to 2019-20**

**Chapter 21 on health**

While the context has recognised problems like high malnutrition and infant mortality rate remaining low, the double burden of the disease where non-communicable diseases morbidity and mortality is rising, it promises to achieve greater emphasis on preventive health, it promises for the re-prioritisation of the goals within the long-standing existing strategies. This is laudable objective, "Over the course of next three years healthcare system in the country must prioritise public health and shift from being curative to preventive."

It also recognises that government's role should be a stewardship role setting in enforcement and rules how health system will function and behave. While there is the chapter on the social determinants of health, which includes nutrition, the need of the hour is giving Nutrition a HIGH priority and that too placed within Health as health and nutrition are linked intricately. We have a positive lesson from HIV and set up NACO, nutrition needs no less.

Our comments are as follows

***Comments***

1. **In the 21.1 Box** on specific health goals to be achieved by 2020, it would be critical to include 'reduce undernutrition' specially percentage of acute severe malnourished children by at least 2% each year (this is a preventive strategy and it will spur action to substantially reduce undernutrition in the country that will have reasonable impact on reduction of infant mortality and under five mortality).
2. **In Para 21.6** while providing and setting up a strong public health system, Government of India could also focus on preventive healthcare interventions like universalisation of breastfeeding and infant and young child feeding during first two years, which will have a huge impact on both diarrhoea and pneumonia as well as in the long term on non-communicable diseases. Intervention required is mainstreaming through budget allocation and national plans of action. This may be added as a separate bullet point.
3. **Para 21.8** While it is good to create an agency on public health,—to strengthen the nutrition leadership, our suggestion is that this agency could be either named as "public health and nutrition" or a separate



'national department or agency for nutrition' should also be created under the overall governance within the Ministry of Health and Family Welfare. This will set the coordination of nutrition in the right direction and not being divided among key ministries as in the past so that convergence can easily taken care off. In Para 21.9: It should apply to include nutrition here.

4. **Para 21.10:** This is highly appreciable step and calls for recognition of risk factors first. W.H.O. has identified "poor infant feeding" as risk factor for child morbidity and mortality. Therefore Ministry of Health and Family Welfare should work on these indicators and nutrition should be part of it.
5. **Para 21.11:** As mentioned above poor infant feeding should be included as a risk factor here. It is important that these are considered to be a part of the health awareness as well as building capacity of health workers towards reducing non-communicable disease as well as current neonatal, infant and young child mortality and morbidity.
6. **Para 21.20:** Add a sub budget line item on infant and young child feeding within child health.
7. **Para 21.24:** In this step may address human resources for health and nutrition at the block level where a team is required to address the issues early during first two years of life. This will not only provide technical input but also strengthen the intensity of human resource for every family in a block.
8. **Para 21.34:** This is about governance structure of nutrition. Proposal for setting up a policy coordination unit at NITI Aayog is very welcome to serve the PM's counsel on nutrition. Our Comment is that this body should be empowered and be responsible for nutrition governance and coordination. The PM's council for India's nutrition challenges was set up to organise and review the policy and programs quarterly and give policy direction. This maybe set up by legislation of the Parliament to address nutrition. As most of the nutrition action emerges from Ministry of Health and Family Welfare, it may be worthwhile exploring that nutrition is made the responsibility or business of Ministry of Health and Family Welfare. All interventions should be aimed at universal coverage.
9. **Para 21.38:** Home visiting may be included as a key strategy for delivery of nutrition interventions and each worker maybe given specifications responsibility for doing that. Action should be under direct supervision of the team at the block level as suggested above including those members of the team having responsibility to accomplish growth monitoring of all babies born and taking action early if required on faltering.
10. **Para 21.40:** We may not be able to address the nutrition challenges unless

we focus on infant nutrition and how babies are fed. And fortified food, which is being proposed to be made available at the 'Anganwadi Centre', is not going to make a difference unless we tackle food security at family level. Data of NFSH 4 showing less than 10 % kids getting adequate diet (breastfed children receiving 4 or more food groups and a minimum meal frequency, non-breastfed children fed with a minimum of 3 Infant and Young Child Feeding Practices (fed with other milk or milk products at least twice a day, a minimum meal frequency that is receiving solid or semi-solid food at least twice a day for breastfed infants 6-8 months and at least three times a day for breastfed children 9-23 months, and solid or semi-solid foods from at least four food groups not including the milk or milk products food group) during 6-24 months is a stark reminder of reality at home) .

11. In food secure homes education is required and in food insecure homes additionally the family needs real diverse food available to them. At the same time 41% of babies begin breastfeeding within an hour of birth and about 55% are exclusively breastfed for first six months. This data calls for huge support women required other than what government has already done in terms of six months maternity leave. It also important to create an enabling environment for families and time constrained mothers to provide better care and feeding for infants and young children.

**Dr. Arun Gupta MD FIAP**

**Central Coordinator, Breastfeeding Promotion Network of India (BPNI)**

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