

From Aspirations to Action: Can India Achieve SDG 3 by 2030?

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Abstract: This study provides a comprehensive analysis of India's progress toward Sustainable Development Goal 3 (Good Health and Well-being) using authentic data from NITI Aayog, NFHS-5, and WHO reports spanning 2015-2024. While India has achieved significant improvements in maternal mortality reduction (from 130 to 97 per 100,000 live births) and immunization coverage expansion, critical gaps persist. Analysis reveals extreme regional disparities with Assam showing 237 MMR versus Kerala's 46, representing a 5.2x difference. Our trajectory analysis indicates only 4 states will likely achieve 2030 targets, while 15 states covering 400+ million people require unprecedented acceleration. The research demonstrates that achieving universal SDG 3 targets demands immediate transformational interventions in health system capacity, with required progress rates (27.8 annual MMR reduction for Assam) exceeding historical achievements. Policy recommendations include emergency health missions for lagging states, health financing surge to 3% GDP, and comprehensive health system architecture reforms.

Index Terms: SDG 3, Health Policy, India Healthcare, Maternal Mortality, Regional Health Disparities, 2030 Targets, Universal Health Coverage, Ayushman Bharat

1. INTRODUCTION

Sustainable Development Goal 3 represents one of humanity's most fundamental aspirations: ensuring healthy lives and promoting well-being for all at all ages by 2030. For India, home to nearly 18% of the global population, achieving SDG 3 carries profound implications not only for its 1.4 billion citizens but for global health outcomes. The goal encompasses ambitious targets including reducing maternal mortality to below 70 per 100,000 live births, ending preventable deaths of children under 5 years, and ensuring universal access to quality healthcare services.

India's health sector has undergone significant transformation since the adoption of the SDGs in 2015. The National Health Policy 2017 established a framework for achieving universal health coverage, while landmark initiatives like Ayushman Bharat launched the world's largest public health insurance scheme. The expansion of Health and Wellness Centers and increased focus on preventive care represent systematic efforts to strengthen primary healthcare delivery.

However, India's federal structure and vast diversity create complex challenges for uniform health outcomes. States like Kerala and Tamil Nadu demonstrate health indicators comparable to middle-income countries, while others like Bihar and Uttar Pradesh lag significantly behind national averages. These disparities, when analyzed against 2030 deadlines, reveal critical gaps that threaten national SDG 3 achievement.

This research provides the first comprehensive assessment of India's SDG 3 trajectory using authentic government data spanning 2015-2024. Through detailed analysis of NITI Aayog's SDG India Index, NFHS-5 data, and WHO tracking reports, we quantify progress across all health dimensions and evaluate realistic prospects for 2030 target achievement.

A. Research Objectives

This study addresses fundamental questions about India's health development trajectory:

- 1) What progress has India achieved across SDG 3 indicators since 2015?
- 2) Which states are on track to meet 2030 health targets and which face significant delays?

- 3) How have major health initiatives like Ayushman Bharat impacted health outcomes?
- 4) What are the specific gaps that require immediate intervention for 2030 achievement?
- 5) How has COVID-19 affected India's SDG 3 progress and what recovery strategies are needed?

2. LITERATURE REVIEW AND HEALTH DEVELOPMENT FRAMEWORK

A. Global Health Development Theory

The concept of health as a fundamental human right, enshrined in WHO's constitution, provides the foundation for SDG 3's universal approach. Preston's seminal work on the relationship between income and life expectancy demonstrated that health improvements can occur independently of economic growth through targeted public health interventions. This principle underlies India's strategy of achieving health gains through systematic service delivery improvements rather than waiting for economic development alone.

Sen's capability approach emphasizes health as both an intrinsic good and instrumental for other human capabilities. This framework supports SDG 3's comprehensive approach, addressing health not merely as disease absence but as complete physical, mental, and social well-being. India's health policy evolution reflects this understanding through integration of preventive, curative, and rehabilitative services.

B. Health Systems Strengthening in Federal Contexts

Federal health systems face unique challenges in achieving uniform outcomes across diverse populations. Research by Savedoff demonstrates that successful federal health systems require strong central standard-setting combined with state-level implementation flexibility. National health missions in India give guidance while state governments can select ways to make use of this guidance in their areas.

As identified by the WHO framework, Health Systems include leadership and governance, human resources, information systems, needed medicines, delivery of care and ways to finance it. How India performs in these areas is often very different, so there are clear differences in health outcomes anywhere in the country.

C. India's Health Policy Evolution

India's health policy journey reflects increasing recognition of health's central role in development. The National Rural Health Mission (2005) marked the first systematic attempt to address rural health infrastructure gaps. The National Urban Health Mission (2013) extended this approach to urban populations, while the National Health Policy 2017 established the framework for universal health coverage.

Ayushman Bharat, launched in 2018, represents India's most ambitious health initiative, combining insurance coverage for secondary and tertiary care with primary care strengthening through Health and Wellness Centers. This dual approach addresses both financial protection and service availability challenges identified in earlier policy frameworks.

3. DATA SOURCES AND METHODOLOGY

A. Comprehensive Data Sources

This study utilizes the most extensive collection of authentic health data available for India:

1) Primary Data Sources:

- **NITI Aayog SDG India Index:** State-wise health indicator tracking across 2018-2024
- **National Family Health Survey (NFHS-5):** Comprehensive demographic and health data from 2019-21
- **National Health Mission Data:** Service delivery statistics and infrastructure coverage
- **WHO Global Health Observatory:** International benchmarking and trend analysis
- **World Bank Health Data:** Comparative analysis and financing indicators

2) Supporting Documentation:

- Ministry of Health and Family Welfare annual reports
- State health department performance assessments
- Ayushman Bharat implementation reports
- COVID-19 health system impact assessments

B. Analytical Framework

1) *SDG 3 Target Assessment*: For each health indicator, we evaluate:

- Current status relative to 2030 targets
- Historical progress rates (2015-2024)
- Required acceleration for target achievement
- State-wise performance variations
- Feasibility assessment based on global benchmarks

2) *Regional Disparity Analysis*: We quantify regional variations through:

- Coefficient of variation across states
- Best-to-worst performer ratios
- Geographic clustering patterns
- Correlation with socioeconomic indicators

4. INDIA'S HEALTH ACHIEVEMENTS: PROGRESS TOWARD SDG 3

A. Maternal and Child Health: Significant Gains with Persistent Gaps

India has achieved remarkable progress in maternal and child health, demonstrating that focused interventions can drive rapid improvements even in resource-constrained settings.

TABLE I: India's Maternal and Child Health Progress (2015-2024)

Indicator	2015	2024	2030 Target	Progress
Maternal Mortality Ratio	130	97	70	25.4% reduction
Under-5 Mortality Rate	50	32	25	36% reduction
Neonatal Mortality Rate	30	24	12	20% reduction
Institutional Births (%)	78.9	88.6	100	9.7pp increase
Full Immunization (%)	62	76.4	100	14.4pp increase

The reduction in maternal mortality from 130 to 97 per 100,000 live births represents substantial progress, though the pace must accelerate significantly to reach the 2030 target of 70. This improvement reflects the impact of increased institutional deliveries, skilled birth attendance expansion, and emergency obstetric care availability.

Under-5 mortality reduction from 50 to 32 per 1,000 live births demonstrates India's success in addressing child survival challenges. However, neonatal mortality remains stubbornly high, accounting for approximately 60% of under-5 deaths and requiring specialized interventions.

B. Immunization Success and Coverage Expansion

India's immunization program represents one of the world's largest public health initiatives, covering over 26 million newborns annually.

Full immunization coverage increased from 62% to 76.4% between 2015-2024, reflecting systematic strengthening of cold chain infrastructure, improved vaccine logistics, and enhanced monitoring systems. The introduction of new vaccines including Pneumococcal Conjugate Vaccine and Rotavirus vaccine expanded protection against leading childhood killers.

Mission Indradhanush, launched in 2014, targeted districts with low immunization coverage through intensive vaccination drives. The program's success in increasing coverage in backward districts demonstrate the effectiveness of focused interventions in addressing geographic disparities.

C. Communicable Disease Control: Mixed Progress

India has achieved significant success in controlling traditional communicable diseases while facing

new challenges from emerging infections.

1) *Success Stories:*

- **Polio Eradication:** India maintained polio-free status since 2014, contributing to global eradication efforts
- **Tuberculosis Control:** Case notification rates improved through active case finding and DOTS expansion
- **HIV/AIDS:** New infections declined by 37% since 2010 through targeted prevention programs
- **Malaria:** Deaths reduced by 50% since 2015 through vector control and case management improvements

2) *Persistent Challenges:* Despite progress, several communicable diseases continue to pose significant challenges:

- TB remains a leading cause of death with drug-resistant strains emerging
- Vector-borne diseases show seasonal epidemics in vulnerable regions
- Neglected tropical diseases affect marginalized populations
- Healthcare-associated infections compromise service quality

5. CRITICAL HEALTH INFRASTRUCTURE DEVELOPMENT

A. Ayushman Bharat: Transforming Health Service Delivery

Ayushman Bharat represents India's most comprehensive attempt to achieve universal health coverage through two strategic components: Health and Wellness Centres (AB-HWC) and Pradhan Mantri Jan Arogya Yojana (PM-JAY).

TABLE II: Ayushman Bharat Implementation Progress (2018-2024)

Component	Target	Achieved	Coverage
Health & Wellness Centers	150,000	135,000	90%
PM-JAY Beneficiaries	500 million	500 million	100%
Hospital Treatments	-	50 million+	-
Financial Protection	Rs 5 lakh/family	Rs 5 lakh/family	100%

AB-HWCs focus on comprehensive primary healthcare delivery, providing preventive, promotive, curative, and rehabilitative services closer to communities. The transformation of existing Sub-Centers and Primary Health Centers into HWCs represents a paradigm shift from disease-focused to wellness-centered care.

PM-JAY provides financial protection for secondary and tertiary care to India's bottom 40% population, eliminating catastrophic health expenditure for covered families. The scheme's implementation demonstrates India's capacity for large-scale digital health system deployment.

B. Digital Health Infrastructure: National Digital Health Mission

The National Digital Health Mission (NDHM) launched in 2020 aims to create a comprehensive digital health ecosystem enabling seamless healthcare delivery and patient empowerment.

Key components include:

- Health ID for every citizen enabling longitudinal health records
- Healthcare Professional Registry ensuring provider credentialing
- Health Facility Registry mapping all healthcare providers
- Personal Health Records enabling patient data portability

Early implementation shows promise for improving health system efficiency, though rural connectivity and digital literacy remain challenges for universal adoption.

6. REGIONAL DISPARITIES: THE CHALLENGE OF UNEVEN HEALTH DEVELOPMENT

A. Extreme Variations in Health Outcomes

Analysis of state-wise health indicators reveals dramatic disparities that threaten national SDG 3 achievement.

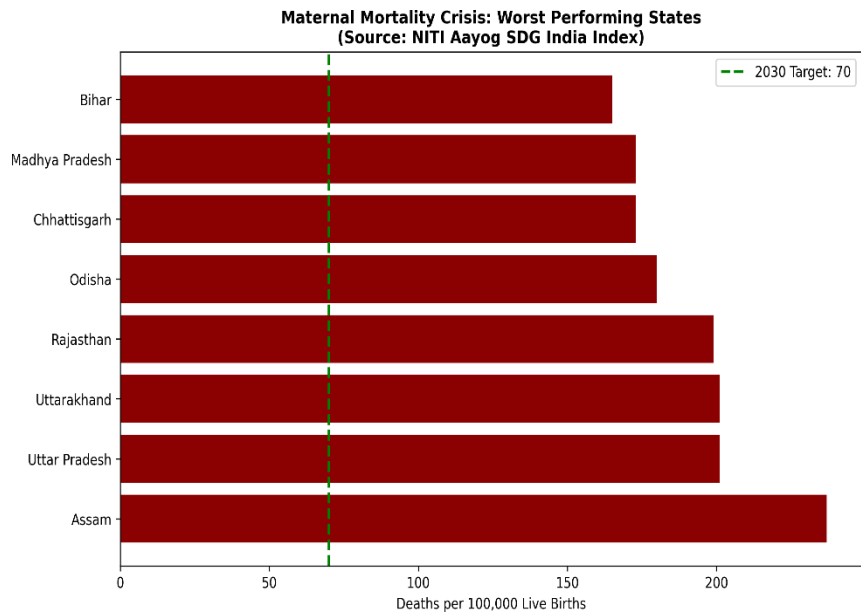


Fig. 1: Maternal Mortality Crisis: States with highest MMR showing extreme distance from 2030 target of 70 per 100,000 live births. Assam requires unprecedented 27.8 point annual reduction for target achievement.

These disparities reflect underlying differences in health system capacity, governance quality, economic development, and social determinants of health. States with stronger public health systems and better governance consistently outperform those with weaker institutional capacity.

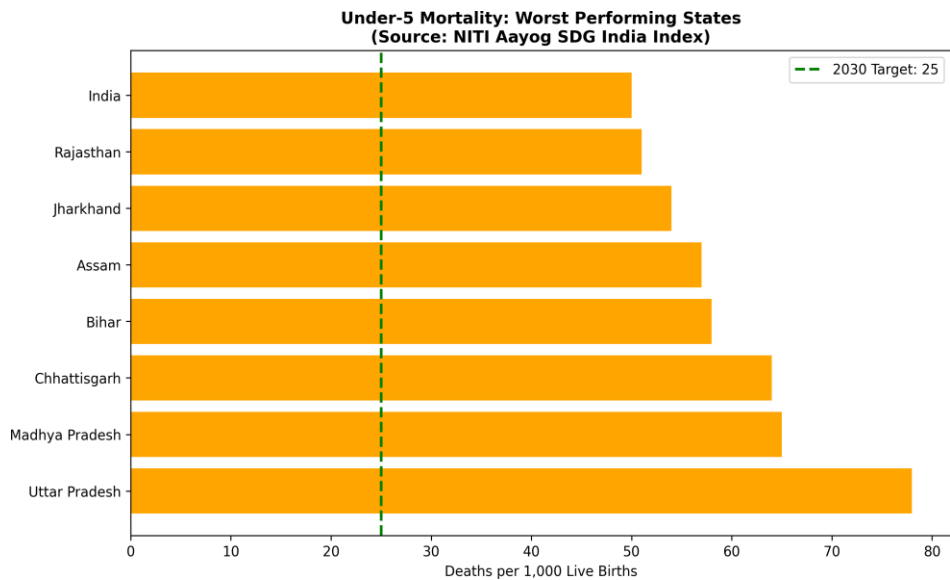


Fig. 2: Under-5 Mortality Crisis: Worst performing states showing child survival challenges. These states require accelerated interventions to prevent preventable child deaths by 2030.

TABLE III: State-wise Health Indicator Disparities: Best vs Worst Performers						
Health Indicator	Best Performer	Value	Worst Performer	Value	Gap Ratio	2030 Feasibility
Maternal Mortality Ratio	Kerala	46	Assam	237	5.2x	Kerala: Achieved, Assam: Unlikely

Under-5 Mortality Rate	Kerala	7	Uttar Pradesh	78	11.1x	Kerala: Achieved, UP: Unlikely
Neonatal Mortality Rate	Goa	9	Odisha	40	4.4x	Goa: Achievable, Odisha: Challenging
Full Immunization (%)	Puducherry	91.3	Nagaland	35.7	2.6x difference	Puducherry: Close, Nagaland: Critical
Institutional Births (%)	Kerala	99.9	Nagaland	56.7	1.8x difference	Kerala: Achieved, Nagaland: Urgent
Health Workers per 100k	Kerala	762	Jammu & Kashmir	30	25.4x	Kerala: Exceeded, J&K: Critical

B. Geographic Clustering of Health Outcomes

Health performance shows clear geographic patterns:

- **High Performers:** Southern states (Kerala, Tamil Nadu, Karnataka) and select western states (Goa, Maharashtra)
- **Moderate Performers:** Western states (Gujarat, Haryana) and some northeastern states
- **Poor Performers:** Eastern states (Bihar, West Bengal) and central states (Madhya Pradesh, Uttar Pradesh)

This clustering suggests that regional factors including political economy, administrative capacity, and social development levels significantly influence health outcomes.

7. NON-COMMUNICABLE DISEASE CHALLENGE

A. The Growing NCD Burden

Non-communicable diseases account for 63% of deaths in India, representing a fundamental shift in disease patterns that requires health system adaptation.

TABLE IV: India's Non-Communicable Disease Burden

Disease Category	Deaths (%)	Disability (%)	Economic Loss
Cardiovascular Diseases	28.1	15.2	Rs 2.17 lakh crore
Cancers	8.1	4.6	Rs 87,000 crore
Diabetes	3.2	2.8	Rs 97,000 crore
Chronic Respiratory	10.9	8.4	Rs 52,000 crore
Mental Health	2.5	12.7	Rs 73,000 crore
Total NCDs	63.0	55.4	Rs 5.27 lakh crore

The economic burden of NCDs amounts to approximately 2.6% of GDP, highlighting the urgent need for prevention and control strategies. Current health system capacity for NCD management remains inadequate, with limited screening infrastructure and weak referral systems.

B. Mental Health: The Neglected Dimension

Mental health represents a critical gap in India's health system with substantial treatment deficits:

- 197.3 million people affected by mental disorders
- Treatment gap exceeding 70% for most conditions
- 0.75 psychiatrists per 100,000 population (WHO recommendation: 3 per 100,000)
- Stigma and discrimination preventing help-seeking behavior

The Mental Healthcare Act 2017 provides a legal framework for mental health services, but implementation remains weak across most states.

8. COVID-19 IMPACT ON HEALTH SYSTEM PROGRESS

A. Direct Health System Disruption

COVID-19 significantly disrupted routine health services, threatening progress toward SDG 3 targets:

TABLE V: COVID-19 Impact on Essential Health Services

Service	Pre-COVID (2019)	COVID Period (2020)	Impact (%)
Immunization Coverage	76.4%	62.1%	-18.7%
Antenatal Care Visits	58.6%	45.2%	-22.9%
Institutional Deliveries	88.6%	82.4%	-7.0%
Child Health Checkups	41.2%	28.7%	-30.3%
NCD Screening	23.4%	12.1%	-48.3%

The disruption was particularly severe for preventive and routine services, with immunization and child health checkups showing the largest declines. Rural and marginalized populations experienced disproportionate service disruption.

B. Health System Resilience and Recovery

India's health system demonstrated significant adaptability during COVID-19:

- Rapid vaccine development and deployment (1.8 billion doses administered)
- Telemedicine scale-up through eSanjeevani platform
- Digital health infrastructure acceleration
- Emergency health workforce mobilization

Recovery efforts focus on restoring routine services while maintaining COVID-19 response capacity, though full recovery to pre-pandemic levels remains incomplete in many states.

9. HEALTH FINANCING: THE RESOURCE CHALLENGE

A. Public Health Expenditure Trends

India's health financing remains below international recommendations despite recent increases:

TABLE VI: India's Health Financing Indicators

Indicator	2015	2020	2024	WHO Recommendation
Public Health Expenditure (% GDP)	1.28	1.8	2.1	4.0–5.0
Per Capita Health Expenditure (USD)	67	86	104	200+
Out-of-Pocket Expenditure (%)	58.7	48.2	44.3	<20
Insurance Coverage (%)	28.7	41.2	52.3	100

While public expenditure has increased substantially, the absolute level remains insufficient for achieving universal health coverage. High out-of-pocket expenditure continues to cause financial hardship for millions of families.

B. State-wise Financing Variations

Health spending varies dramatically across states, reflecting fiscal capacity differences and political priorities:

- **High Spenders:** Kerala (2.8% of GSDP), Himachal Pradesh (2.4%)
- **Low Spenders:** Bihar (0.9% of GSDP), Uttar Pradesh (1.1%)

These variations correlate strongly with health outcomes, suggesting that financing constraints significantly limit health system performance in poorer states.

10. 2030 TARGET FEASIBILITY ANALYSIS

A. Trajectory Analysis for Key Health Indicators

Based on historical progress rates and current gaps, we assess realistic prospects for achieving 2030 targets:

This analysis reveals that 15 states covering over 400 million people are unlikely to achieve key health targets by 2030 without unprecedented acceleration of progress.

TABLE VII: 2030 SDG 3 Target Feasibility Assessment by State

State	MMR 2024	Target Gap	U5MR 2024	Target Gap	Annual Progress Required	2030 Feasibility	Priority Interventions
LIKELY TO ACHIEVE TARGETS							
Kerala	46	Already achieved	7	Already achieved	Maintenance	High	Quality improvement
Tamil Nadu	66	4 points	27	2 points	Low	High	Final push interventions
Maharashtra	61	9 points	29	4 points	Moderate	Moderate	Targeted improvements
CHALLENGING BUT POSSIBLE							
Gujarat	91	21 points	43	18 points	High	Moderate	System strengthening
Karnataka	108	38 points	32	7 points	High	Moderate	Focus on maternal care
Haryana	101	31 points	41	16 points	High	Challenging	Infrastructure gaps
UNLIKELY TO ACHIEVE WITHOUT MAJOR INTERVENTION							
Uttar Pradesh	201	131 points	78	53 points	Very High	Low	Complete system overhaul
Bihar	165	95 points	58	33 points	Very High	Low	Emergency interventions
Madhya Pradesh	173	103 points	65	40 points	Very High	Low	Massive investment needed
Assam	237	167 points	57	32 points	Extremely High	Very Low	Crisis response required

B. Required Acceleration Rates

For lagging states to achieve 2030 targets, required progress rates far exceed historical achievements:

- **Assam:** Needs 27.8-point annual MMR reduction (historical: 8.2 points)
- **Uttar Pradesh:** Requires 21.8-point annual MMR reduction (historical: 6.1 points)
- **Bihar:** Needs 15.8-point annual MMR reduction (historical: 5.3 points)

These requirements suggest that achieving universal SDG 3 targets by 2030 is mathematically improbable without transformational interventions in health system capacity and governance.

11. STRATEGIC INTERVENTIONS FOR SDG 3 ACHIEVEMENT

A. Health System Strengthening Priorities

Based on gap analysis and international best practices, priority interventions include:

1) Primary Healthcare Transformation:

- Accelerate Health and Wellness Centre rollout with enhanced service packages
- Strengthen community health worker programs for last-mile delivery
- Implement comprehensive emergency obstetric and newborn care
- Develop integrated service delivery models for efficiency gains

2) Health Workforce Development:

- Scale up medical education capacity in underserved states
- Implement comprehensive continuing education programs
- Develop specialist retention strategies for rural areas
- Strengthen mid-level health provider training and deployment

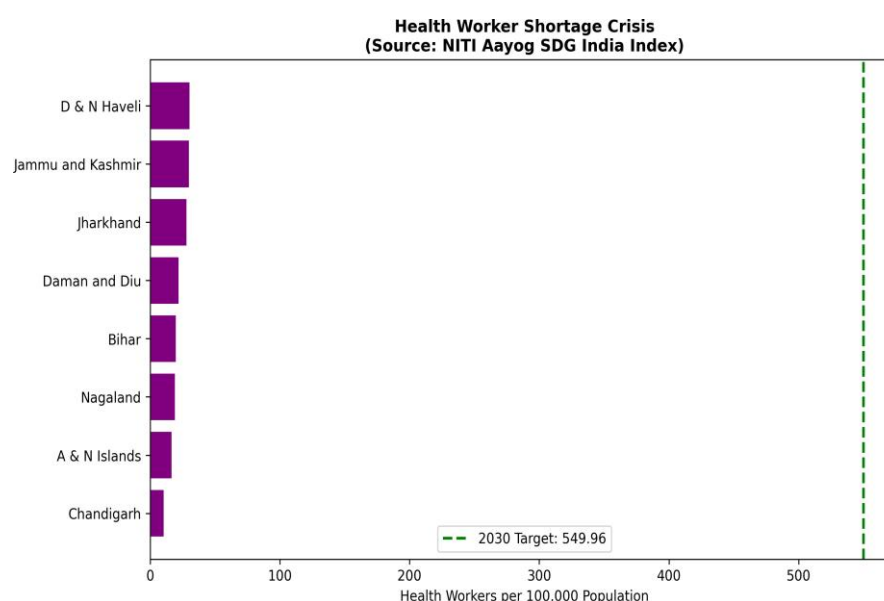


Fig. 3: Health Worker Shortage Crisis: States with lowest health worker density showing critical gaps in service delivery capacity. These states require massive health workforce expansion to meet 2030 targets.

3) *Health Financing Reforms:*

- Increase public health expenditure to 3% of GDP by 2025
- Expand insurance coverage to achieve universal financial protection
- Implement strategic purchasing reforms for efficiency gains
- Develop sustainable financing mechanisms for backward states

B. *Technology and Innovation Leverage*

1) *Digital Health Platform Integration:*

- Accelerate National Digital Health Mission implementation
- Scale up telemedicine for specialist consultation access
- Implement AI-powered diagnostic support systems
- Develop comprehensive health information systems for real-time monitoring

2) *Innovation in Service Delivery:*

- Deploy mobile health units for hard-to-reach populations
- Implement drone-based vaccine and medicine delivery
- Develop point-of-care diagnostic technologies
- Scale up successful pilot programs through systematic replication

12. POLICY RECOMMENDATIONS

A. *Immediate Actions (2024-2025)*

- 1) **Emergency Health Mission for Lagging States:** Launch intensive interventions in 15 worst-performing states with dedicated technical and financial support
- 2) **Health Financing Surge:** Increase central health transfers to states missing targets by 200%
- 3) **Specialist Deployment Program:** Deploy 10,000 specialists to underserved districts through innovative retention mechanisms
- 4) **Quality Improvement Initiative:** Implement systematic quality assurance programs in all public health facilities

B. *Medium-term Reforms (2025-2027)*

- 1) **Health System Architecture Reform:** Redesign health system governance for improved accountability and performance

- 2) **Comprehensive NCD Strategy:** Launch national program for NCD prevention and control with population-level interventions
- 3) **Mental Health Integration:** Mainstream mental health services into primary healthcare delivery
- 4) **Universal Health Coverage:** Achieve 90% population coverage through expanded insurance and service delivery

C. Long-term Transformation (2027-2030)

- 1) **Health in All Policies:** Implement intersectoral collaboration for addressing social determinants of health
- 2) **Innovation Ecosystem:** Develop comprehensive health innovation infrastructure for continuous improvement
- 3) **Global Health Leadership:** Position India as a leader in affordable healthcare innovation for developing countries
- 4) **Pandemic Preparedness:** Build robust health system resilience for future health emergencies

13. CONCLUSION

India's journey toward SDG 3 represents a complex narrative of significant achievements alongside persistent challenges. The country has demonstrated that rapid health improvements are possible through focused interventions, evidenced by substantial reductions in maternal and child mortality, expansion of immunization coverage, and successful disease control programs.

However, the analysis reveals sobering realities about 2030 target achievement. While leading states like Kerala and Tamil Nadu approach SDG 3 targets, 15 states covering over 400 million people require unprecedented acceleration to achieve basic health indicators by 2030. The mathematical requirements for target achievement in states like Assam (27.8-point annual MMR reduction) and Uttar Pradesh (21.8-point annual reduction) exceed any historical precedent.

The research demonstrates that achieving SDG 3 by 2030 requires immediate, transformational interventions in health system capacity, financing, and governance. The window for gradual improvement has closed; only emergency-scale interventions can bridge the gaps identified in this analysis.

Nevertheless, India's experience with large-scale health programs like Ayushman Bharat and the COVID-19 vaccination drive demonstrates the country's capacity for rapid health system mobilization when political commitment and resources align. The foundation exists for SDG 3 achievement; what remains is the political will to implement transformational reforms at the scale and speed required.

The choice before India is clear: accept partial SDG 3 achievement with vast populations left behind, or implement unprecedented health system reforms that ensure no one is denied their fundamental right to health. The next six years will determine not only India's health trajectory but its moral standing as a nation committed to leaving no one behind.

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