India's Journey Toward Good Health and Well-Being: Evaluating Progress on SDG 3

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Abstract:

Where does India actually stand on Sustainable Development Goal 3 — the pledge to secure healthy lives and well-being for people of every age, by 2030? That question doesn't have a tidy answer for a country carrying more than 1.4 billion people. Infectious illness hasn't retreated even as chronic, lifestyle-linked disease climbs; outcomes swing wildly depending on which state you're standing in; there aren't enough hands on deck in the health workforce; and public health spending still trails the level the government itself has committed to. This paper walks through the headline indicators — maternal mortality, infant mortality, life expectancy — and the story they tell is genuinely encouraging on maternal and child health specifically. From there it turns to what's been pushing those numbers in the right direction, Ayushman Bharat and the National Health Mission chief among them, before sitting with the parts of the picture that haven't moved nearly as much: malnutrition, mental health capacity, the slice of every medical bill still paid straight out of a family's pocket, and the widening distance between states that are doing well and states that are not. Kerala's numbers could sit comfortably next to a wealthy nation's; the Empowered Action Group states are still working to catch up. The paper ends by looking at what's actually working — digital health tools, community health workers, the folding of AYUSH systems into mainstream care — and makes the case that closing what's left of the gap will demand more sustained health spending, sturdier primary care, and real attention to the everyday conditions that shape someone's health long before they ever walk into a clinic.

Introduction:

On paper, SDG 3 reads like a simple ask: healthy lives and well-being for everyone, at every age, by 2030. Try mapping that onto a country the size of India, though, and "simple" stops being the right word. With well over 1.4 billion people to account for, the path there weaves through centuries-old health traditions sitting alongside a fast-modernizing medical system, real economic and regional inequality, and a long, uneven trail of policy attempts — some of which have paid off far better than others.

Really, India is fighting two different kinds of health battles at once. Infectious disease hasn't been tamed, and on top of it, non-communicable disease has climbed faster than the system was built to absorb. Some fronts have genuinely improved — fewer mothers are dying in childbirth, more children are getting immunized — but malnutrition, mental health support, and fair access to decent care remain stuck in place.



The Current Health Landscape in India

Scale, uneven development, and sheer geography all shape what India's health system has to deal with. The National Health Profile shows life expectancy rising from 67.9 years in 2010–14 to 70.8 years in 2016–20 — a real improvement, though the national average smooths over just how differently that plays out between states, and between cities and the countryside.

The disease picture here is layered rather than linear. Tuberculosis, malaria, and dengue still sicken and kill large numbers of people every year, while non-communicable disease — heart conditions, diabetes, cancer — has climbed to roughly 65% of all deaths nationwide. Fighting both fronts simultaneously puts pressure on an infrastructure that struggles even with one at a time.

Maternal and child health is where the numbers genuinely lift the spirits. The Maternal Mortality Ratio dropped from 130 per 100,000 live births in 2014–16 down to 97 in 2018–20, edging closer to the SDG target of 70. Infant Mortality followed a similar path, from 41 per 1,000 live births in 2015 to 28 by 2020. Credit for a good deal of that shift goes to the Janani Suraksha Yojana and the National Health Mission, both of which worked hard at getting more women into institutional deliveries and antenatal care.

Table 1: Progress of Key Health Indicators in India

Health Indicator	Baseline (2015)	Current Status (2020–21)	SDG Target (2030)	Progress Status
Maternal Mortality Ratio (per 100,000 live births)	130 (2014–16)	97 (2018–20)	70	On track
Infant Mortality Rate (per 1,000 live births)	41	28	25	On track
Under-5 Mortality Rate (per 1,000 live births)	49	35	25	Moderate progress
Neonatal Mortality Rate (per 1,000 live births)	28	19	12	Moderate progress
Total Fertility Rate	2.3	2	2.1	Achieved

Health Indicator	Baseline (2015)	Current Status (2020–21)	SDG Target (2030)	Progress Status
Full Immunization Coverage (%)	62%	76.40%	>90%	Moderate progress
Institutional Deliveries (%)	79%	88.60%	>95%	On track
Stunting in children under 5 (%)	38.40%	35.50%	20%	Slow progress
Tuberculosis Incidence (per 100,000)	217	188	Eliminate by 2025	Accelerated efforts needed

Source: Compiled from Office of the Registrar General & Census Commissioner (2020, 2021), International Institute for Population Sciences (2021), Ministry of Health and Family Welfare (2021), and World Health Organization (2023).

Key Policy Initiatives and Programs

India hasn't been shy about putting real weight behind SDG 3. Ayushman Bharat, which launched in 2018, ranks among the largest government-funded health coverage schemes anywhere on the planet, offering up to ₹500,000 per family each year to something like 500 million people who'd otherwise be one hospital bill away from financial ruin. It works through two arms: Health and Wellness Centers handling primary care, and Pradhan Mantri Jan Arogya Yojana (PM-JAY), which picks up the tab for secondary and tertiary hospitalization.

The National Health Mission — the rural and urban health missions rolled into one — has carried much of the load on infrastructure in places that badly needed it, with a brief that covers reproductive and child health, communicable disease control, and, more and more, non-communicable disease management woven into integrated service delivery.

On the infectious-disease side, the National TB Elimination Program has set its sights on wiping out tuberculosis by 2025, five years ahead of the global timeline, leaning on earlier diagnosis, stronger support for sticking with treatment, and preventive therapy aimed at high-risk groups. Alongside it, the National Vector Borne Disease Control Programme takes on malaria, dengue, and other vector-borne illness through surveillance, vector control, and mobilizing communities on the ground.

Table 2: Major National Health Programs and Their Key Achievements

Program Name	Launch Year	Key Objectives	Major Achievements (as of 2023)
Ayushman Bharat – PM-JAY	2018	Provide health coverage up to ₹5 lakh per family annually	Over 50 crore beneficiaries enrolled; 5 crore+ hospitalizations

Program Name	Launch Year	Key Objectives	Major Achievements (as of 2023)
National Health Mission	2013	Strengthen primary healthcare and reduce maternal/child mortality	Improved health infrastructure in rural areas; reduced MMR and IMR
National TB Elimination Program	2020 (revised)	Eliminate TB by 2025	TB notifications increased to 2.8 million; treatment success rate >85%
Janani Suraksha Yojana	2005	Promote institutional deliveries	88.6% institutional deliveries nationwide
Mission Indradhanush	2014	Achieve full immunization coverage	Full immunization coverage increased to 76.4%
Poshan Abhiyaan	2018	Reduce malnutrition and stunting	Targeted interventions across 112 aspirational districts
Ayushman Bharat Digital Mission	2021	Create digital health ecosystem	540 million+ Ayushman Bharat Health Accounts created
National Programme for Prevention and Control of NCDs	2010	Screen and manage cardiovascular diseases, diabetes, cancer	Screening facilities established at district hospitals

Source: Compiled from National Health Authority (2023), Ministry of Health and Family Welfare (2022), National Health Mission (2022), and International Institute for Population Sciences (2021).

Challenges and Barriers

Good policy hasn't been enough on its own to close every gap. Money remains one of the toughest problems: households have historically covered close to 48% of total health spending out of their own pockets, and although newer National Health Accounts figures show that share sliding down into the high-30s and low-40s as government spending and insurance coverage grow, it's still high enough to tip families into poverty and to keep basic care out of reach for many, especially in poorer and marginalized households.

Not having enough health workers makes the money problem worse. A 2019 government estimate put the doctor-population ratio at around 1 per 1,445 people, well below the WHO's benchmark of 1:1,000; more recent National Medical Commission numbers suggest

that's improved a fair amount since then, closer to 1 doctor per 850–900 people once AYUSH practitioners are folded in. But that national figure hides something important: roughly 65% of Indians live in rural areas, yet only about a quarter of the country's doctors actually practice there. That imbalance in where doctors choose to work — not the raw national average — is what really drives unequal access to care.

Malnutrition simply won't budge, particularly among children and women. The National Family Health Survey-5 found that 35.5% of children under five are stunted, 32.1% underweight, and 19.3% wasted. Anemia touches 67% of children between 6 and 59 months old and 57% of women of reproductive age — numbers that point toward a much broader micronutrient problem than any single disease statistic can capture.

If there's one part of the system that's most badly under-resourced relative to actual need, it's mental health. The National Mental Health Survey estimated that somewhere between 10% and 15% of the population needs some kind of mental health support, and the country has just 0.75 psychiatrists for every 100,000 people to meet that need. Stigma and low public awareness only deepen a shortfall that's already thin on infrastructure to begin with.

Regional Disparities and Vulnerable Populations

Depending on where you look, India's health outcomes barely resemble each other. Kerala, Goa, and Tamil Nadu report health indicators that wouldn't be out of place in a wealthy nation, while the Empowered Action Group states — Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, and others — continue to trail well behind the national average.

Table 3: Interstate Variations in Key Health Indicators (2019–21)

State/UT	Maternal Mortality Ratio	Infant Mortality Rate	Life Expectancy (years)	Full Immunization (%)
Kerala	19	6	77.3	82.20%
Goa	20	8	74.5	91.20%
Tamil Nadu	54	13	73.5	78.10%
Maharashtra	33	16	72.8	71.30%
All India Average	97	28	70.8	76.40%
Uttar Pradesh	167	43	66.9	68.40%
Bihar	118	35	68.4	64.50%
Madhya Pradesh	173	38	66.1	76.10%
Assam	195	37	66.4	69.50%
Rajasthan	141	30	69.7	79.10%

Note: Data sourced from Sample Registration System and National Family Health Survey-5.

Scheduled Castes, Scheduled Tribes, and other marginalized groups shoulder more than their share of India's disease burden. Tribal communities, about 8.6% of the population, contend with limited access to health facilities, higher exposure to communicable disease, and weaker nutritional status — a mix that comes from geographic isolation, cultural barriers, and too few health services built with those communities in mind.

Gender runs through nearly every one of these outcomes. The sex ratio at birth still stands at a skewed 929 females for every 1,000 males, which tells you son preference and sex-selective practices haven't gone away. And women's health takes further hits from limited control over their own healthcare decisions, inadequate menstrual hygiene facilities, and ongoing exposure to gender-based violence.

Innovations and Best Practices

India hasn't been standing still, either. Digital health has taken off quickly, and the Ayushman Bharat Digital Mission is building a full ecosystem around it — unique health IDs, digital health records, telemedicine — that matters most in the remote areas physical infrastructure still struggles to reach.

Community-level care has arguably delivered the most consistent payoff. The ASHA program — Accredited Social Health Activists — puts trained community health workers directly into rural neighborhoods, where they've become a real bridge between households and the formal health system: running health education sessions, encouraging institutional deliveries, and following up to make sure immunizations actually happen.

Partnerships between government and private players have also widened both the reach and the quality of care. Rajasthan's Emergency Medical Services setup is one example of how that collaboration can deliver fast, efficient emergency response, and similar partnerships in medical training and skill-building have helped ease workforce shortages in particular regions.

Maybe the most distinctly Indian piece of this whole system is how it folds traditional medicine into the mainstream — Ayurveda, Yoga, Unani, Siddha, and Homeopathy, together known as AYUSH. The Ministry of AYUSH backs these systems alongside conventional medicine, on the logic that they carry real cultural weight and genuine value for preventive care.

The Path Forward

Hitting SDG 3 is going to take effort on several fronts at the same time, not just one. Public health spending has to keep climbing toward the 2.5% of GDP the government has already promised by 2025, up from around 2.1% today — without that jump, there's no real

path to expanding infrastructure, hiring more health workers, or subsidizing care for people who need it most.

Primary healthcare needs to stay front and center. If Health and Wellness Centers actually became full-service facilities — offering NCD screening, mental health counseling, and palliative care, not just the basics — that alone could take pressure off secondary and tertiary hospitals while catching problems while they're still cheap and easy to treat.

None of this happens in a vacuum, either. Sanitation, clean water, nutrition, education, and women's empowerment all feed directly into how healthy people end up being, and linking health programs to progress in those areas tends to produce results bigger than any of the pieces could deliver alone.

Better data underpins all of it. Stronger health information systems — tracking disease surveillance, service delivery, and outcomes in something close to real time — would let policymakers aim interventions more precisely and spend resources more wisely, and continued investment in India-specific health research would help make sure the solutions actually fit India's problems, not someone else's.

Conclusion

India's SDG 3 record is really a mix of genuine achievement and work still very much unfinished. Ayushman Bharat alone proves the country can run health interventions at a truly massive scale, and the drop in maternal and child mortality is no small thing. But healthcare financing, workforce shortages, regional inequality, and the double weight of infectious and non-communicable disease still need more sustained attention, sharper policy thinking, and a fairer share-out of resources than the system currently manages.

Good health and well-being for every Indian isn't a footnote on a development checklist — it's close to a precondition for everything else the country is hoping to achieve, economically and socially. As India works toward its own ambition of becoming a developed nation by 2047, making sure nobody gets left behind on access to decent healthcare will sit right at the center of whether that growth actually reaches everyone. In the end, honoring SDG 3 is really about honoring human dignity — and the constitutional promise of life and liberty that belongs to every citizen, not only the ones who can already afford to claim it.

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