

National Health Policy 2017

Why in news?

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The National Health Policy, 2017, was approved by the Union Cabinet which will replace the previous policy adopted in 2002.

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What are the key highlights?

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- The broad principles of the Policy are centered on professionalism, integrity and ethics, equity, affordability, universality, patient centered and quality of care, accountability and pluralism.
- It aims to achieve universal access to good quality health care services without anyone having to face financial hardship as a consequence. \n
- It intends on gradually increasing public health expenditure to 2.5% of the GDP.

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- It proposes free drugs, free diagnostics and free emergency and essential healthcare services in public hospitals.
- The policy advocates allocating **two-thirds (of resources to primary care**.

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- It proposes two beds per 1,000 of the population to enable access within the first 60 minutes after a traumatic injury. \ngleholdsymbol{n}
- To reduce morbidity and preventable mortality of **non-communicable diseases** (NCDs) by advocating pre-screening.

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• It highlights AYUSH as a tool for effective prevention and therapy that is safe and cost-effective.

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• It **proposes introducing Yoga** in more schools and offices to promote good health.

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- It also proposed reforming medical education. $\slash n$
- \bullet The policy also lists quantitative targets regarding life expectancy, mortality and reduction of disease prevalence in line with the objectives of the policy. $$\n$

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Digital intervenions for the nation's health			Preventive and promotive focus with pluralistic choice		
Promoting tele-consultation linking teritary care institutions with specialist consultation	National Knowledge Network for Tele-education, Tele-CME, Tele-consultations and digital library		Creations of Public Health Management cadre in all states to optimise health outcomes.	Interventions from early detection of issues in chilhood to prevention of chronic illnesses.	
National Digital Health Authority to regulate, develop and deploy digital health	Introductions of Electronic Health Record (EHR)		Tracking behaviour change, education and counselling at all levels.	Plethora of options to choose from among yoga and AYUSH umbrella of remedies	
Fostering patients-focus, quality and an assurance based approach			Universal, easily, affordable primary healthcare		
Compliance to right of patients to access information on condition and treatment.	National Healthcare standards organization maintaining adequate standards in public and private sector.		Comprehensive primary health care package with geriatric, palliative and rehabilitative care.	Health Card for access to primary healthcare facility services anytime, anywhere	
Separate empowered medical tribunal for speedy resolution on disputes and complaints.	Grading of establishments and active promotion of standard treatment guidelines		Free drugs and diagnostics along with low cost pharmacy chains (Jan Aushadhi Stores)	Free health care to victims of gender violence in public and private sector.	
Better regulatory mechanisms and quality control					
Strengthening post market surveillance program for drugs, product and devices	Regulating use of devices to ensure safety and quality compliance		Timely revision of National List of Essential Medicines along with appropriate price control	Standard Regulatory framework for laboratories and imaging centers, specialized emerging services.	

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What are the key targets?

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- Increase Life Expectancy at birth from 67.5 to 70 by 2025. $\ensuremath{\sc n}$
- Reduce Fertility Rate to 2.1 by 2025. n
- Reduce Infant Mortality Rate to 28 by 2019. n
- Reduce Under Five Mortality to 23 by 2025. $\space{1.5mu}{$\sc n$}$
- Achieve the global 2020 HIV target (also termed 90:90:90 global target). $\space{-1mu}\$
- To reduce premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 25 per cent by 2025. \n
- Reducing the prevalence of blindness to 0.25 per 1000 persons by 2025. $\ensuremath{\sc n}$
- The disease burden to be reduced by one third from the current levels. $\space{\space{1.5}\space$
- Elimination of leprosy by 2018, kala-azar by 2017 and lymphatic filariasis in endemic pockets by 2017. \n

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What are the positives?

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- The policy seeks to **promote universal access to good quality healthcare services** and a wide array of free drugs and diagnostics.
- The proposed steps such as a **health card for every family** will certainly help improve health outcomes in India. \n
- The recommended grading of clinical establishments and active promotion and adoption of standard treatment guidelines can also help improve the quality of healthcare delivery in India. \n

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What are the lacunas?

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- The policy duplicates portions of the Health section of Finance Minister's 2017 Budget speech, reiterates health spend targets set by the erstwhile Planning Commission for the 12th Five Year Plan.
- It fails to make health a justiciable right in the way the Right to Education 2005 did for school education.
- A **health cess** was a pathbreaking idea that was proposed in the draft policy but it was dropped.
- Whether Health should continue to be in the State List, or in the Concurrent List is not answered in the policy. n
- Among the most glaring lacunae in the present context is the lack of capacity to use higher levels of public funding for health. \n
- Although a major capacity expansion to produce MBBS graduates took place between 2009 and 2015, this is unlikely to meet policy goals since only 11.3% of registered allopathic doctors were working in the public sector as of 2014.

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What should be done?

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• More health professionals need to be deployed for primary care in rural areas.

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- Contracting of health services from the private sector may be inevitable in the short term. $\space{1.5mm}$
- \bullet No more time should be lost in forming regulatory and accreditation agencies for healthcare providers at the national and State levels. \n
- Without oversight, unethical commercial entities would have easy backdoor access to public funds in the form of state-backed insurance. \n
- For the new policy to start on a firm footing, the Centre has to get robust health data.

 To reduce high out-of-pocket spending, early deadlines should be set for public institutions to offer essential medicines and diagnostic tests free to everyone.

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Source: The Hindu, Indian Express

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