

HEALTH CARE FOR ALL: THE NATIONAL HEALTH POLICY 2017

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The National Health Mission (NHM) sought to revitalize rural and urban health sectors by providing flexible finances to State Governments. The National Health Mission comprises of 4 components namely the National Rural Health Mission, the National Urban Health Mission, Tertiary Care Programs and Human Resources for Health and Medical Education. The National Health Mission represents India's endeavor to expand the focus of health services beyond Reproductive and Child Health, so as to address the double burden of Communicable and Non-Communicable diseases as also improve the infrastructure facilities at District and Sub-District Levels.

Article 47 of Indian Constitution, the Directive Principles of State Policy says that it shall be the duty of the State to raise the level of nutrition and the standard of living and to improve public health. Health sector policy making in India is extremely challenging and complex. The backdrop for policy formulation is low public spending and high out of pocket expenditures. Despite India providing free care in public hospitals for maternity, new born and infant care, the burden of out of pocket expenditures remains quite high.

In 1943, the Joseph Bhor Committee Report envisaged one bed for every 550 people and one doctor for every 4600 people in every district. In 1946, Government resolved to make plans for establishing a Primary Health Centre for every 40,000 people, a Community Health Centre of 30 beds for every 5 Primary Health Centers and a 200 bedded District Hospital in every District. On the eve of Independence, India inherited a substantial disease burden, with infant and maternal mortality, low life expectancy, inadequate number of doctors, nurses and midwives, poor health infrastructure and low budgetary allocations. During the first 3 decades since Independence, India's health policy focus entailed controlling infectious diseases, family planning, creation of teaching hospitals like AIIMS to produce high quality human resources and promote infrastructure.

In 1978, India adopted the Alma-Ata Declaration for providing comprehensive primary health care to all its people. In 1983, India's first National Health Policy (NHP) was formulated with emphasis on primary health care and an integrated,

vertical approach for disease control programs. The allocations for health sector became tighter during the difficult years of 1990s. The National Health Policy (NHP) 2002 broadly reiterated the earlier Policy's recommendations while advocating that the public investment be increased to 2 per cent of GDP. The NHP 2002 was followed by the launch of the National Rural Health Mission (NRHM) in 2005 designed on the principles of decentralisation and community engagement with focus on revitalizing primary care.

National Health Mission:

India's flagship health sector program, the National Health Mission (NHM) sought to revitalize rural and urban health sectors by providing flexible finances to State Governments. The National Health Mission comprises of 4 components namely the National Rural Health Mission, the National Urban Health Mission, Tertiary Care Programs and Human Resources for Health and Medical Education. The National Health Mission represents India's endeavor to expand the focus of health services beyond Reproductive and Child Health, so



as to address the double burden of Communicable and Non-Communicable diseases as also improve the infrastructure facilities at District and Sub-District Levels.

The National Health Mission (NHM) brought together at National level the two Departments of Health and Family Welfare. The integration resulted in significant synergy in program implementation and enhancement in Health Sector allocations for revitalizing India's rural health systems. A similar integration was witnessed at State levels too. A post of Mission Director NRHM manned by a senior IAS Officer was created to administer the State Health Society. The NHM brought in considerable innovations into the implementation of Health Sector Programs in India. These included flexible financing, monitoring of Institutions against IPHS standards, Capacity Building by induction of management specialists and simplified HR management practices. The establishment of the National Health Systems Resource Center (NHSRC) helped design and formulate various initiatives. State Health Systems Resource Centers have also been established in some States.

Reproductive and Child Health services were the primary focus of NHM. The successful implementation of JSY and ASHA programs had a significant impact on behavioral changes and brought pregnant women in large numbers to public health institutions. The NRHM flexi pool resources were utilized to create adequate infrastructure at public health institutions to cope with the heavy rush of maternity cases. Ambulance services were introduced for transportation of maternity cases to public health institutions and for emergency care.

The NHM created a peoples' movement for health care. Accredited Social Health Activists Care (ASHA) workers were deployed as transformational change agents in every village. The ASHA workers acted as mobilizers for institutional deliveries, focused on integrated management of neonatal and childhood illness and advised on home based neo-natal care. The NHM has also empowered people through Village Health and Sanitation Committees to formulate village health plans and exercise supervisory oversight of ASHA workers. At the PHC and CHC level, Rogi Kalyan Samitis have been activated to establish systems of oversight

Health Care in Union Budget 2017-18

- The Budget Estimates for health show an appreciable increase of more than 27 per cent. From **Rs. 37061.55 cr** in 2016-17, the budget estimate for 2017-18 has been increased to **Rs. 47352.51 cr (Net)**. This will help to attend tertiary care, human resources for health and medical education and to strengthen NHM.
- The Health Ministry has spent 73.25 per cent of 2016-17 Budget. The Ministry will also create 5000 Post Graduate seats per annum to ensure adequate availability of specialist doctors to strengthen secondary and tertiary levels of healthcare. Furthermore, two new AIIMS will be set up in Jharkhand and Gujarat.
- The Government has prepared an action plan to eliminate Kala-Azar and Filariasis by 2017; to eliminate Leprosy by 2018, Measles by 2020 and to eliminate Tuberculosis by 2025 is also targeted.
- Action plan has been prepared to reduce IMR from 39 in 2014 to 28 by 2019, and MMR 167 in 2011-13 to 100 by 2018-2020.
- Steps will be taken to roll out DNB courses in big District Hospitals and to encourage reputed Private Hospitals to start DNB courses. Steps will also be taken to strengthen PG teaching in select ESI and Municipal Corporation Hospitals.
- Government will take necessary steps for structural transformation of the Regulatory framework of Medical Education and Practice in India.
- There is a also proposal to amend the Drugs and Cosmetics Rules to ensure availability of drugs at reasonable prices and promote use of generic medicines, and New Rules for regulating medical devices will also be formulated. These Rules will be internationally harmonised to attract investment in this sector. This will reduce the cost of such devices.

over the public health facilities for creating a patient friendly institution. Besides rural areas, the urban slums are now receiving attention with the launch of the National Urban Health Mission.

Government's New Schemes:

The Ministry of Health and Family Welfare has added several new schemes since 2014 to enable implementation of the Health For All Vision for the Nation.

Mission Indradhanush, sought to achieve full immunization coverage of 90 per cent children by 2020. The mission has made good progress in improving immunization coverage by 6.7 per cent since 2014. A basket of new vaccines has been added to the Universal Immunization Program to increase the number of vaccines from 6 to 12. The prominent among them are the Inactivated Polio Vaccine, the Rota Virus Vaccine, the Adult Japanese Encephalitis Vaccine and the Rubella Vaccine as Measles Rubella Vaccine.

India New Born Action Plan with focus on reduction of neonatal mortality rate has successfully established Special New Born Care Units at District level and New Born Stabilization Units at Sub-District/ CHC level. The Mother's

Absolute Affection Program was launched in 2016 with focus on promotion of breast feeding practices. The Rashtriya Bal Suraksha Karyakram and the Rashtriya Kishore Swasthya Karyakram represent the major screening programs of Government for early screening and interventions in children and adolescent girls.

The Government has added the Pradhan Mantri Surakshit Matritva Abhiyan for assured antenatal care. There is continued focus on the NHM activities of Mission Family Welfare, Janani Shishu Suraksha Karyakram and Janani Suraksha Karyakram each of which aim at reducing maternal and infant mortality by promotion of institutional deliveries.

The New Schemes in Health sector are Swachh Swasth Sarvatra, the Pradhan Mantri National Dialysis Program and Kayakalp. The Kayakalp initiative was launched in 2016 to inculcate the practice of hygiene, sanitation, effective waste management and infection control in public health facilities. The competition for awards introduced under Kayakalp has been well received by all the States and significant improvements in sanitation standards are being witnessed.

National Health Policy (NHP), 2017

The primary aim of the NHP is to strengthen and prioritize the role of the Government in shaping health systems, make additional investments in health, healthcare services, prevention of diseases and promotion of good health. The NHP seeks to raise the health sector spending to 2.5 per cent of GDP, create patient centric institutions, empower the patients and lay down standards for quality of treatment. It also seeks to strengthen health infrastructure to 2 beds per 1000 population and provide free drugs, free diagnostics and essential health care in all public hospitals. The NHP's key goals are to improve the life expectancy at birth from 67.5 years to 70 years by 2025 and reduce the infant mortality to 28 by 2018. The other goals are elimination of Leprosy, Kala Azar and Filariasis by 2017-18. From a baseline of 560 in 1990, the Nation has achieved an MMR of 167 in 2011. From a baseline of 126 in 1990, the Nation has achieved an U5 MR of 39 in 2014. The challenges remain in the six large States of Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh, Jharkhand and Chattisgarh, which

NATIONAL HEALTH MISSION

- Strengthening Health Systems.
- SANCTIONED: 4343 new constructions, 7498 renovation of health facilities including SC, CHC, SDH, and DH.
- COMPLETED: 6908 constructions, 6423 renovations.

ASHA WORKERS SELECTED: 43,726

- ASHA workers provided health kits 62,047.
- 8205 additional human resources in health sector have been added.
- AYUSH doctors engaged: 8048.
- 2924 vehicles supporting DIAL 102/104 services.
- 923 vehicles supporting DIAL 108 Services.
- Rs. 19000 Crore provided for 2016-17 to NHM: An increase of Rs. 705 Crore over the last year.

account for 42 per cent of national population and 56 per cent of annual population increase.

Government has initiated policy interventions for implementing the NHP. Union Budget 2017 for health shows an appreciable increase of more than 27 per cent, from Rs. 37,061.55 Cr in 2016-17 to Rs. 47,352.51 Cr. India has a vast organization for public health care delivery and Primary care services. The NHP lists infrastructure and human resource development in Primary and Secondary Care Hospitals as a key priority area. The Government in the 2017 Union Budget has sought to upgrade 1.5 lakh health sub-centers to health wellness centers and introduce a nationwide scheme for pregnant women under which, Rs. 6000/- for each case will be transferred.

The NHP seeks to reform medical education. Government has initiated major steps in this direction. AIIMS is a national and global brand - built on more than six decades of evolution and performance of our Institute. It is the bench mark for other centers of excellence in healthcare and academics, and a fountainhead of best practices in education, research and clinical standards. The unique status of AIIMSs has been reinforced by significant infusion of financial resources for major expansion. The focus on medical education should enable India to address the iniquitous utilization of modern health services. The Government has placed a lot of emphasis on creation of several AIIMS like Institutions across India.

The NHP places a lot of emphasis on human resources as a vital component of India's health care. 5000 Post Graduate seats per annum have been created to ensure adequate availability of specialist doctors to strengthen secondary and tertiary levels of healthcare. The increased availability of PG seats along with a centralized entrance exam represent major steps in reform of medical education in the country. The expansion of postgraduate medical education is a priority as the shortage of PG medical seats in the country affects not only the availability of specialist doctors, but also the ease of getting faculty for medical colleges. The introduction of a uniform entrance examination at undergraduate and post-graduate level has brought transparency to medical education. The Medical Council of India

Amendment Act 2016 introduced a common merit based entrance examination at National level. Government has notified the increase in post-graduate seats in 435 medical colleges with the objective of increasing the number of specialist doctors in India.

The NHP has placed a lot of emphasis on Digital Initiatives. Online registration system has been introduced in 71 hospitals of India as part of the Digital India initiative. Digitization of public hospitals had enabled a reduction of patient wait times and freed clinician times. A patient centric feedback system called *Mera Aspataal* has been introduced. The data sets of *Mera Aspataal* have flagged the important areas for patient dissatisfaction.

To conclude, it can be said that the significant strides envisaged to be made in Health Sector through the National Health Policy interventions will enable India to achieve the objectives of Affordable Healthcare for All.

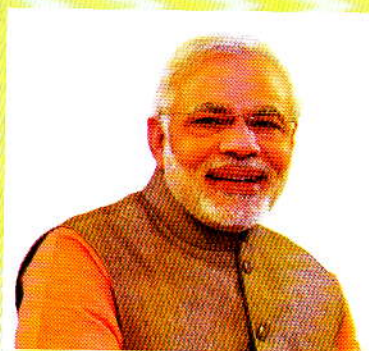
National Health Policy 2017 – Key Highlights

- Gradually increasing public health expenditure to 2.5 per cent of GDP
- Policy Shift in Primary Health Care from selective care to assured comprehensive care.
- Establishing Health and Wellness Centers to transform PHCs from current limited package of services to larger coverage of non-communicable diseases.
- New policy formulation related to non-communicable diseases and mental health.
- Retention of doctors in remote areas, health systems strengthening, health technologies development and new institutions for research and development.
- Strategic Purchases and engagement with private sector for critical gap filling.
- Moving towards an assurance based approach, increasing access, affordability and quality.

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PM ON HEALTH

- National Health Policy marks a historic moment in our endeavour to create a healthy India where everyone has access to quality health care.
- National Health Policy is extensive, comprehensive & citizen friendly. It covers various aspects of health and wellness.
- Apart from fitness and staying healthy, wellness is important. Yoga is a great medium to achieve wellness in life.
- Depression is not incurable. There is a need to create a psychologically conducive environment to begin with. The first mantra is the expression of depression instead of its suppression.
- Cleanliness or *Swachhta* is one of the most important aspects of preventive health care.



NATIONAL HEALTH POLICY 2017

Universal, easily accessible, affordable Primary Healthcare:

- Comprehensive primary health care package with geriatric, palliative and rehabilitative care.
 - Health Card to access primary healthcare anytime, anywhere.
 - 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.

Preventive and promotive focus with pluralistic choice:

- Creation of public health management cadre in all states to optimize health outcomes. • Intervention from early detection of issues in childhood to prevention of chronic illness. • Tracking behavior change, education and counseling at all levels. • Plethora of options to choose from among Yoga and AYUSH umbrella of remedies.

Make in India for a healthy India:

- Special focus on production of Active Pharmaceutical Ingredient (API). • Incentivizing local manufacturing to provide customized indigenous products. • Reducing cost with indigenous medical technology and medical devices.

Fostering patient focus, quality and an assurance based approach:

- Compliance of right of patents to access information on condition and treatment. • National Health care Standards Organization –maintaining adequate standards in public and private sector. • Separate empowered medical tribunal for speedy resolution on disputes and complaints. • Grading of establishments and active promotion of standard treatment guidelines.

Digital interventions for the nation's health:

- Promoting tele-consultation linking tertiary care institutions with specialists consultation. • National Knowledge Network for Tele-education, Tele-CME, Tele-consultations and digital library. • National Digital Health Authority to regulate, develop and deploy digital health. • Introduction of Electronic Health Record (EHR)

System Strengthening and strategic engagements:

- Holistic approach addressing infrastructure and human resource gaps. • Synergizing with private and not –for-profit sectors for critical gap filling. • Better regulatory mechanisms and Quality Control.