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NATIONAL HEALTH POLICY- 2017

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NATIONAL HEALTH POLICY - 2017¹

INTRODUCTION

India had adopted its first National Health Policy (NHP) in 1983, followed by the second National Health Policy in 2002. Both have served well in guiding the approach for the health sector in the Five Year Plans. Although health indicators like mortality, life expectancy and disease prevalence have improved, especially with the institution of the National Rural Health Mission in 2005, the targets set for mortality rates, life expectancy, and disease prevalence have remained elusive. Maternal and Child mortality have rapidly declined but there is growing burden on account of non-communicable diseases and some infectious diseases.

The National Health Policy 2017 has been formulated after a gap of 15 years, to address the current and emerging challenges necessitated by the changing socio-economic and epidemiological landscapes since the last National Health Policy was framed in 2002.

OBJECTIVES OF THE POLICY

The primary aim of the National Health Policy, 2017, is to inform, clarify, strengthen and prioritize the role of the Government in shaping health systems in all its dimensions- investments in health, organization and financing of healthcare services, prevention of diseases and promotion of good health through cross sectoral actions, access to technologies, developing human resources, encouraging medical pluralism, building the knowledge base required for better health,

¹ **NHP 2017:** The Union Cabinet chaired by the Prime Minister Shri Narendra Modi in its meeting on 15.3.2017, has approved the National Health Policy, 2017 (NHP, 2017). The Policy seeks to reach everyone in a comprehensive integrated way to move towards wellness. It aims at achieving universal health coverage and delivering quality health care services to all at affordable cost.

developing better financial protection strategies, strengthening regulation and health assurance. The Policy recognizes the pivotal importance of Sustainable Development Goals (SDGs).

The roadmap of the new policy is predicated on public spending and provisioning of a public healthcare system that is comprehensive, integrated and accessible to all.

One of the key principles of the Policy is to reduce inequity which would mean affirmative action to reach the poorest and minimizing disparity on account of gender, poverty, caste, disability and other forms of social exclusion and geographical barriers.

The policy also recognizes the special health needs of tribals and socially vulnerable population groups and recommends situation- specific measures in the provisioning and delivery of services. The New Health Policy supports voluntary services in rural and underserved areas on pro-bono basis by recognized health professionals. It advocates allocating major proportion of resources to primary care followed by secondary and tertiary care.

Key targets:

- Increase Life Expectancy at birth from 67.5 to 70 by 2025.
- Reduce Infant Mortality rate to 28 by 2019.
- Reduce under Five Mortality to 23 by 2025.
- Achieve the global 2020 HIV target (also termed as 90:90:90 for HIV/AIDS i.e. 90 per cent of all people living with HIV know their HIV status, 90 per cent of all people diagnosed with HIV infection receive sustained antiretroviral therapy and 90 per cent of all people receiving antiretroviral therapy will have viral suppression)
- To reduce premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 25 per cent by 2025.

MAJOR HIGHLIGHTS OF THE NATIONAL HEALTH POLICY, 2017

- i. *Assurance Based Approach*- Advocates progressively incremental Assurance based Approach with focus on preventive and promotive healthcare.
- ii. *Health Card linked to health facilities*- Recommends linking the health card to primary care facility for a defined package of services anywhere in the country.
- iii. *Patient Centric Approach*- Recommends the setting up of a separate, empowered medical tribunal for speedy resolution to address disputes/ complaints regarding standards of care, prices of services, negligence and unfair practices. Standard Regulatory Framework for laboratories and imaging centers, specialized emerging services, etc
- iv. *Micronutrient Deficiency*- Focuses on reducing micronutrient malnourishment and systematic approach to address heterogeneity in micronutrient adequacy across regions.
- v. *Quality of Care*- Public hospitals and facilities would undergo periodic measurements and certification of level of quality. Focus on Standard Regulatory Framework to eliminate risks of inappropriate care by maintaining adequate standards of diagnosis and treatment.
- vi. *Make in India Initiative*- Advocates the need to incentivize local manufacturing to provide customized indigenous products for Indian population in the long run.
- vii. *Application of Digital Health*- Advocates extensive deployment of digital tools for improving the efficiency and outcome of the healthcare system and aims at an integrated health information system which serves the needs of all stake-holders and improves efficiency, transparency, and citizen experience.

- viii. Private Sector engagement for strategic purchase for critical gap filling and for achievement of health goals.
- ix. *Comprehensive primary health care* - Envisages providing the larger package- of comprehensive primary health care which includes geriatric health care, palliative care and rehabilitative care services through the 'Health and Wellness Centers'.
- x. *Integrated approach*- Supports an integrated approach where screening for the most prevalent *Non Communicable Diseases (NCDs)* with secondary prevention would make a significant impact on reduction of morbidity and preventable mortality.
- xi. *Mainstreaming and integration of AYUSH*-Focuses on mainstreaming and integration of AYUSH into healthcare delivery through co-llocation, cross referrals, and integration with primary healthcare protocol.

CONCLUSION

The Expenditure on health by Government of India and the States/Union Territories for the year 2016-17 was Rs 1, 80,656.76 crore and the Budget estimate on health for the year 2016-17 was 1.18% of the GDP. The Union Government allocated Rs 48,853 crore, a 23% increase for health Sector for the financial year 2017-18. The National Health Policy, 2017 envisages that public expenditure on health should increase to 2.5% of GDP in a time bound manner by 2025 and the resource allocation to States will be linked with States development indicators, absorptive capacity and financial indicators. The Policy further envisages that an implementation framework be put in place to deliver on policy commitments, which would provide a roadmap to achieve the goals of the policy.

SOURCES CONSULTED:

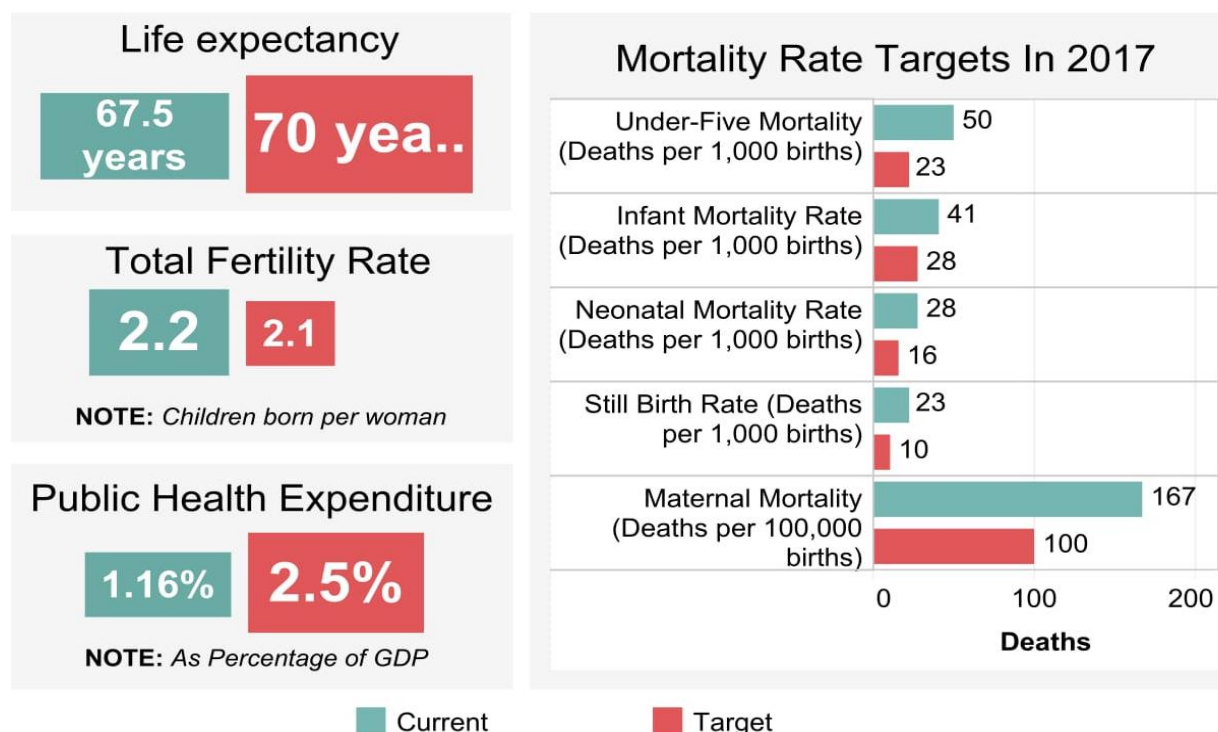
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2. National Health Policy, Lok Sabha (Unstarred Question No. 5019), Dated 31.03, 2017.
3. At a glance: Key highlights of the National Health Policy 2017, The Indian Express, dated: 24.05.2017
4. Right to Healthcare, Economic & Political Weekly vol.3. no 12, dated: 25.03.2017
5. Spending on Health Sector, Rajya Sabha (Unstarred Question No. 4455), Dated 11.04.2017
6. New Health Policy, Rajya Sabha (Unstarred Question No. 4414), Dated 11.04.2017
7. National Health Policy, 2017 PIB, Dated 16.03.2017
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MAJOR CHANGES OF THE NATIONAL HEALTH POLICY 2017 NOT ADDRESSED IN THE PREVIOUS POLICY OF 2002

The National Health Policy 2017:

- Advocates extensive deployment of digital tools for improving the efficiency and outcome of the healthcare system.
- Recognizes the critical need of meeting the growing demand of tissue and organ transplant in the country and encourages widespread public awareness to promote voluntary donations.
- Recommends allocating 2/3rd or more of financial resources to primary care.
- Envisages setting up of an empowered medical tribunal for speedy resolution to address disputes/complaints regarding standards of care, prices of services, negligence and unfair practices.
- Ensures progressively incremental Assurance based Approach.
- Seeks to eliminate risks of inappropriate care by maintaining adequate standards of diagnosis and treatment, through Standard Regulatory Framework.
- Recommends for universal access to progressively wide array of drugs and diagnostics.
- Envisages focus on special health needs to tribal and socially vulnerable population groups and recommends situation specific measures in provisioning and delivery of services.
- Proposes free drugs, free diagnostics and free emergency care services in all public hospitals.
- Supports setting up of National Allied Professional Council to regulate and streamline all allied health professionals and ensure quality standards.
- Supports efforts to improve occupational health through inter-sectoral collaboration.

National Health Policy 2017: Current Rates & Targets



Source: National Health Policy, 2017, National Family Health Survey, 2015-16, Ministry of Statistics & Programme Implementation