NATIONAL HEALTH POLICY 2017

GALGOTIAS
UNIVERSITY

LEARNING OBJECTIVES

Introduction of NHP (1983 and 2002)
Purpose of NHP 2017
Goals, working principles and objectives of NHP2017
Targets of NHP 2017
Comparison between NHP 2002 and NHP 2017
NHP 2017 policy ideas
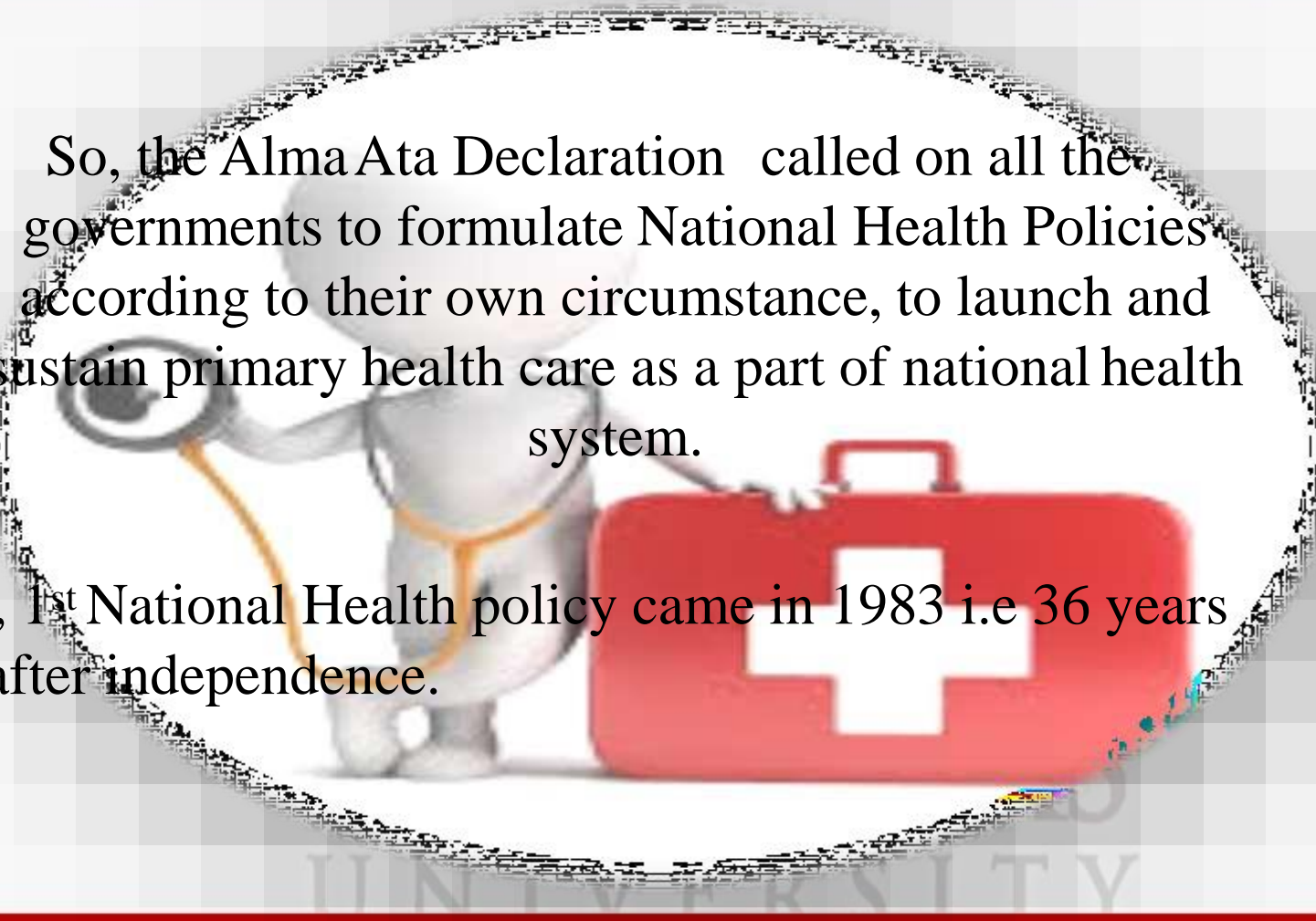**Guidelines of the policy**

INTRODUCTION

Health Policy of a nation is its strategy for controlling and optimizing the social uses of its health knowledge and health resource.

The joint WHO – UNICEF international conference in 1978 at Alma Ata (USSR) declared that: *"The existing gross inequalities in the status of health of people particularly between developed and developing countries as well as within the country is politically, socially and economically unacceptable."*

So, the Alma Ata Declaration called on all the governments to formulate National Health Policies according to their own circumstance, to launch and sustain primary health care as a part of national health system.

So, 1st National Health policy came in 1983 i.e 36 years after independence.

First national health policy came in 1983

Increasing role of privitisation

Revised in 2002 (by Ministry of Health and Family Welfare, Govt. of India)

Key strategy: Primary Health Care &

Equitable access to health services

National Health Policy 2017 launched

Aim: To inform, clarify, strengthen and prioritize the role of the Government in shaping health system in all its dimensions.
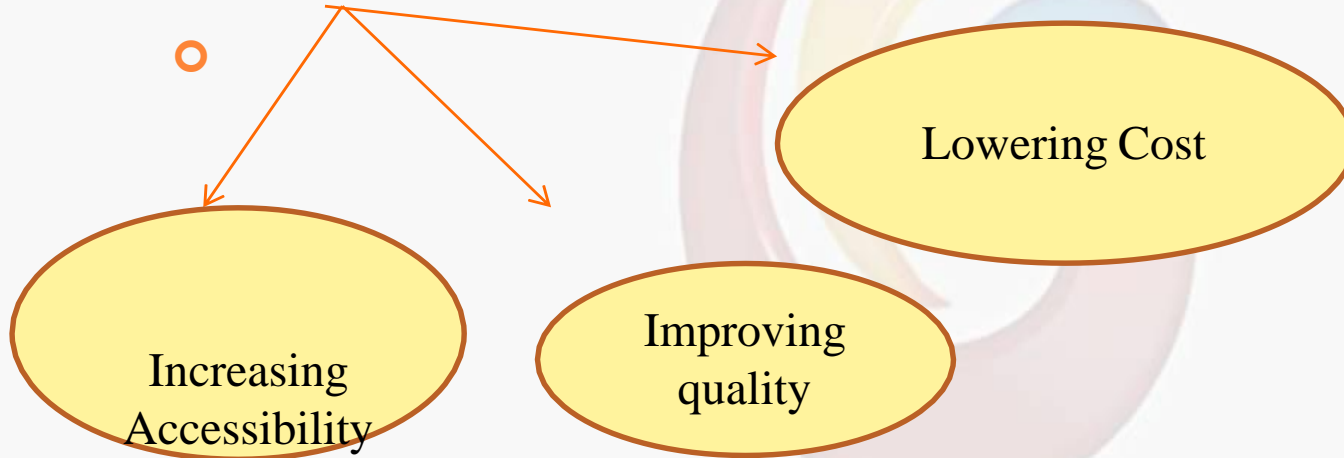
Health priorities are changing,there is growing burden on account of non-communicable diseases and some infectious diseases

A rising economic growth enables enhanced fiscal capacity. Therefore, a new health policy responsive to these contextual changes is required

NEED OF A NEW HEALTH POLICY

The emergence of a robust health care industry estimated to be growing at double digit

Growing incidences of catastrophic expenditure due to health care costs, which are presently estimated to be one of the major contributors to poverty.

o GOALS NHP 2017

o

Lowering Cost
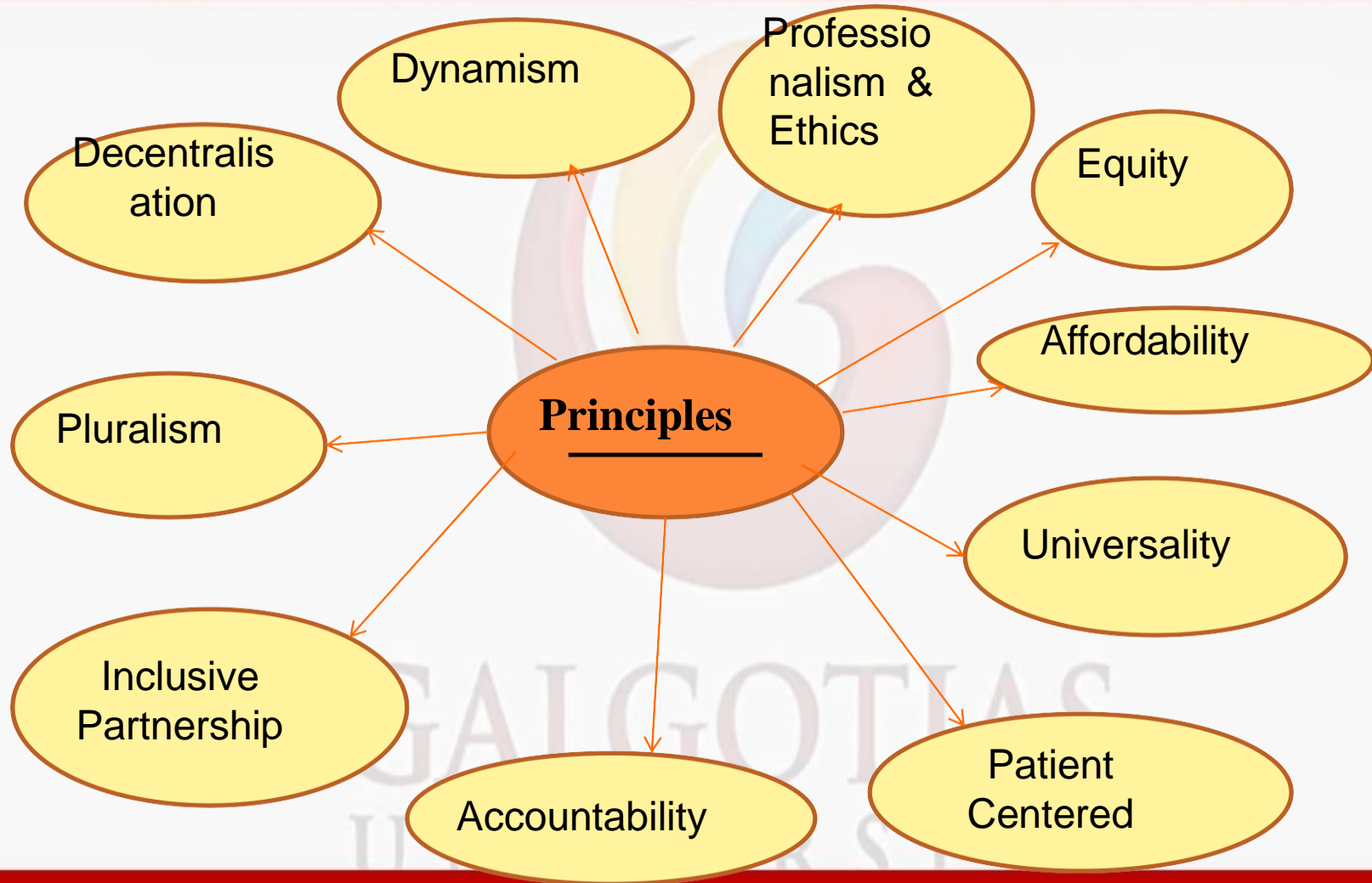
Increasing Accessibility

Improving quality

o Attainment of the highest possible level of health and well being **for all at all ages.**

o Universal access to good quality health care services **without anyone facing financial burden.**
NHP 2002 focused on good health for general population without any emphasis on bearing of cost by public.

SHIFTING FOCUS FROM

SICK CARE TO
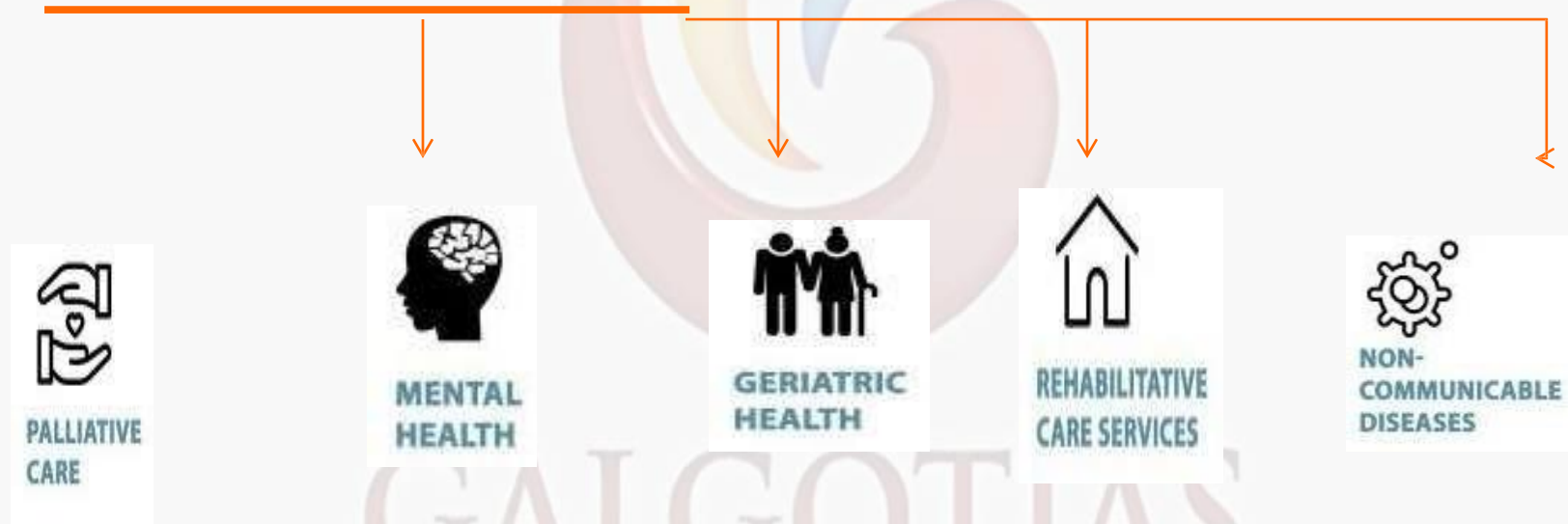
WELLNESS

PALLIATIVE CARE

MENTAL HEALTH

GERIATRIC HEALTH

REHABILITATIVE CARE SERVICES

NON-COMMUNICABLE DISEASES

OBJECTIVES

❑ Progressively achieve universal health coverage by:

a) Assuring availability of free, comprehensive primary health care services.

b)Ensuring improves access and affordability of quality secondary and tertiary care services.

c)Achieving a significant reduction in out of pocket expenditure due to health cost

❑   Reinforcing trust in public health care system

❑ Align the growth of private health care sector with public health goals

National Health Policy 2017: Current Rates & Targets

Life expectancy

67.5 years
70 yea..

Total Fertility Rate
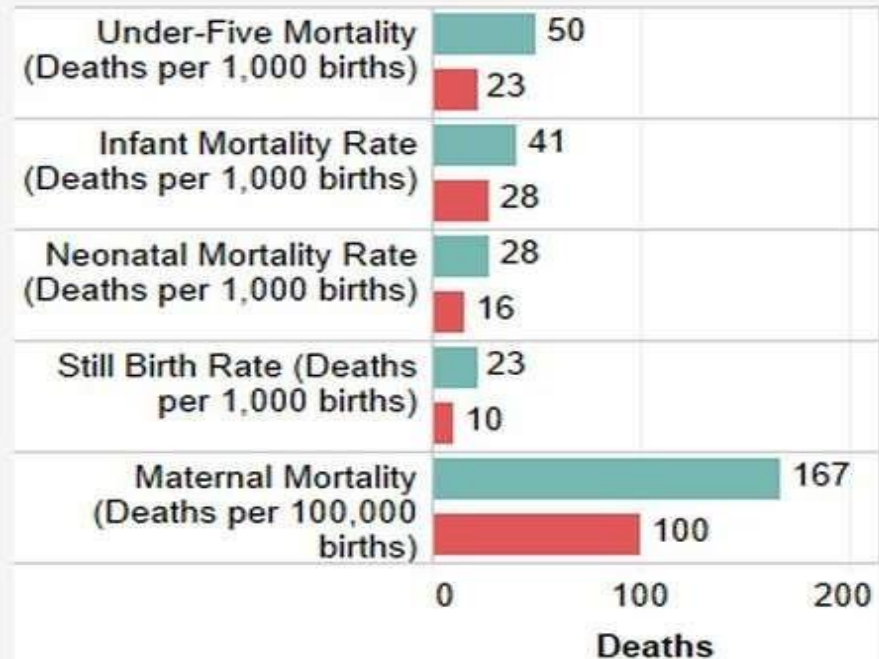
2.2   2.1

NOTE: Children born per woman

Public Health Expenditure

1.16%   2.5%

NOTE: As Percentage of GDP

Mortality Rate Targets In 2017

	Current	Target
Under-Five Mortality (Deaths per 1,000 births)	50	23
Infant Mortality Rate (Deaths per 1,000 births)	41	28
Neonatal Mortality Rate (Deaths per 1,000 births)	28	16
Still Birth Rate (Deaths per 1,000 births)	23	10
Maternal Mortality (Deaths per 100,000 births)	167	100

0   100   200
Deaths

■ Current   ■ Target

COMPARISION OF TARGETS

NHP 2002

Reduction of IMR to 30/1000 & MMR to 100/lakh

- Increasing public health expenditure from 0.9% to 2.0% of GDP

- Reduce mortality of TB by 50%

- Eradicate leprosy by 2005

- Eradicate kala azar by 2010

- Eradicate lymphatic filariasis by 2015

- 55% of the total public health expenditure in primary health care

NHP 2017

- Reduction of IMR to 28/1000 & MMR to 100/ lakh

- Increasing public health expenditure from 1.16% to 2.5% of GDP

- Achieve and maintain a cure rate of >85%

- Eradicate leprosy by 2018

- Eradicate kala azar in 2017

- Eradicate lymphatic filariasis in 2017

- >66% of expenditure in primary health care

POLICY IDEAS:

There should be co ordinated action on 7 priority area for improving environment for health (*Swasth Nagrik Abhiyan*)

- The *Swachh Bharat Abhiyan*

- Balanced healthy diet and regular exercises

- Adressing tobacco, alcohol and substance abuse

- *Yatri suraksha-* preventing deaths due to rail and road traffic accidents

- *Nirbhaya Nari-* action against gender violence

- Reduced stress and improved safety in work place
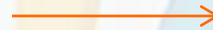- Reducing indoor and outdoor air pollution.

The policy proposes 7 key policy shifts in organising health care services:

❑ Primary care:

Selective care	→	Assured comprehensive care

❑ Secondary and Tertiary care:
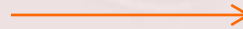
Input Oriented	→	Output Driven

❑ Public Hospital:

User fees & Cost recovery	→	Assured free drugs, diagnostics & emergency services

❑ Integration of National Health Programmes with health systems for programme effectiveness.

❑ Infrastructure and human resource development:

| Normative Approach | → | Targeted Approach |

❑ AYUSH system:

| Stand Alone | → | 3 Dimensional Mainstreaming |

❑ Urban Health: To organise Primary Health Care deliver and referral support for urban poor.

NATIONAL HEALTH PROGRAMMES:

- **RMNCH+A Services :** Developmental action of all sectors to support Maternal and Child survival.

- **Child & Adolescent Health:** Aiming at pre-emptive care to achieve optimum level of child and adolescent health.

- **Intervention to address Malnutrition:** IFA, Calcium supplements, iodized salt, zinc, Vitamin A etc.

- **Universal Immunisation:** Ensure coverage, quality and safety of vaccines also introduction of new vaccines.

CONT…

- **Communicable Diseases:** Inter relationship between communicable disease control program and public health system strengthening.

- **Non Communicable Diseases:** There is a need to halt and reverse the growing incidence of chronic diseases.

- **Mental Health:** National Mental Health Policy 2014 is considered.

- **Population Stabilisation:** Increase the proportion of male sterilisation from less than 5% currently to atleast 30% or more higher if possible.
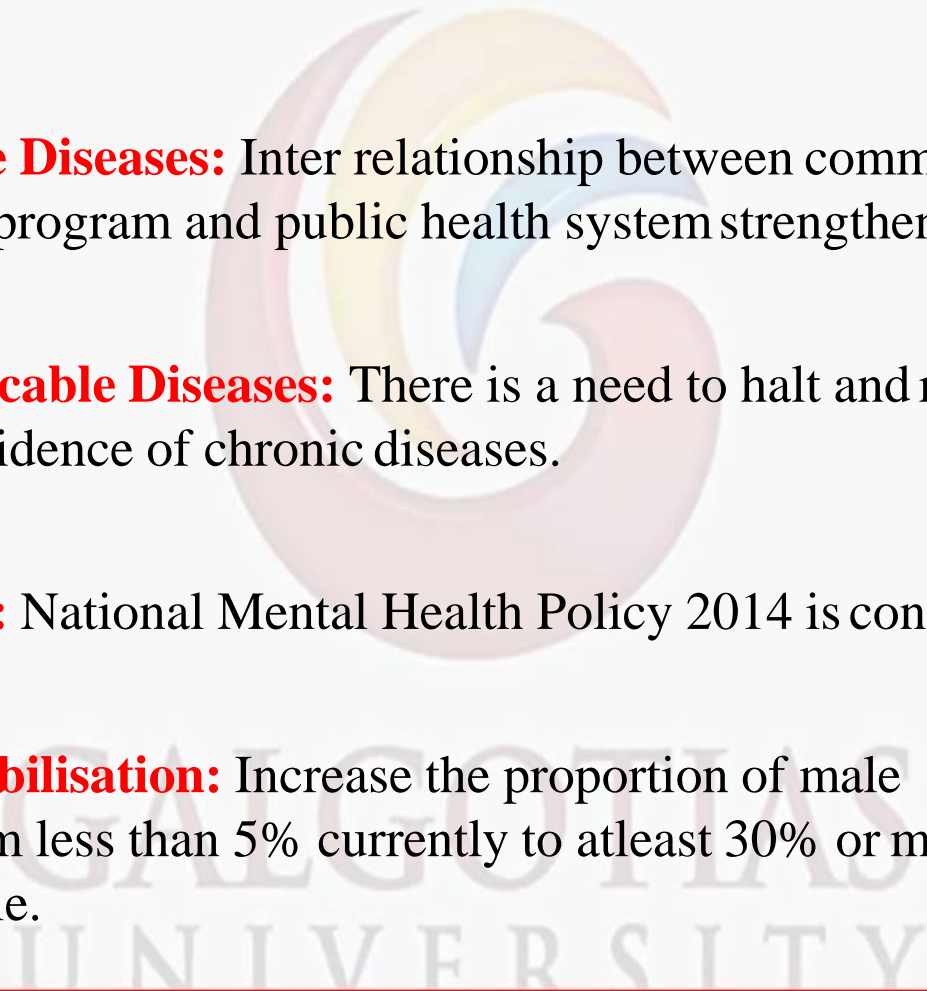
TO ADDRESS GENDER BASED VIOLENCE:

EMERGENCY CARE AND DISASTER PREPAREDNESS:

- Group of community members should be well trained as first responder for accidents and disaster.

- Development of mass casualty management protocols for CHCs and emergency management protocol at all levels.

- Creation of a unified emergency system,linked to a universal access number and with a network of emergency care that has an assured provision of life support ambulances, trauma management centres-

  a) 1/30 lakh population in urban area

  b) 1/10 lakh population in rural area

Medical Education

Paramedical Skill

Doctors in Remote areas

Human Resources for Health

ASHA

Mid level Service providers

Nursing Education

STRATEGIC PURCHASING:

- The critical gaps in public health service can be filled by Strategic
- Purchasing.

  •Insurance (Arogyasri and RSBY) Through

  Trusts

- Aim: To improve health outcome and reduce out of pocket expenditure.

- Enhancing accessibility in private sector: Charitable hospital and not for profit hospitals should volunteer for accepting referral from public facilities. Private hospitals may provide for subsidized beds for poor and downtrodden patients.

- Collaboration with private sectors for

  Immunisation Organ

  Transplants Disease

  surveillance

REGULATORY FRAMEWORK:

- There is a regulatory role of

   Ministry of Health and Family Welfare on:

- Regulation of clinical establishments

- Professional and Technical Education- Strengthening of 6 professional councils – Medical ,Ayurveda, Unani & Siddha Homeopathy ,Nursing Dental , Pharmacy

- Food Safety

- Medical Technologies

- Clinical Trials

- Research and other health related laws

DIGITAL HEALTH TECHNOLOGY:

- Recognising the integral role of technology in healthcare delivery, National Digital Health Authority (NDHA) will be set up to regulate, develop, and deploy digital health across the continuum of care.

- The main aim is to improve efficiency, transparency and citizen experience so that there is a delivery of better health outcomes in terms of access, quality, affordability, lowering of disease burden and efficient monitoring of health entitlements to the citizens.

- The policy will promote utilization of National Knowledge Network for Tele-education, Tele-CME, Tele-consultation etc.

HEALTH RESEARCH:

- NHP recognizes the key role that health research plays in the development of a nations health.

- It supports strengthening health research in India in the following fronts: Health systems and service research

  Medical product innovation

  Fundamental research in all areas relevant to health

- Drug research on critical diseases like TB, HIV/AIDS, Malaria etc may be incentivized to address them priority.

- Research on social determinants of health along with neglected health issues like disability and transgender health will be promoted.
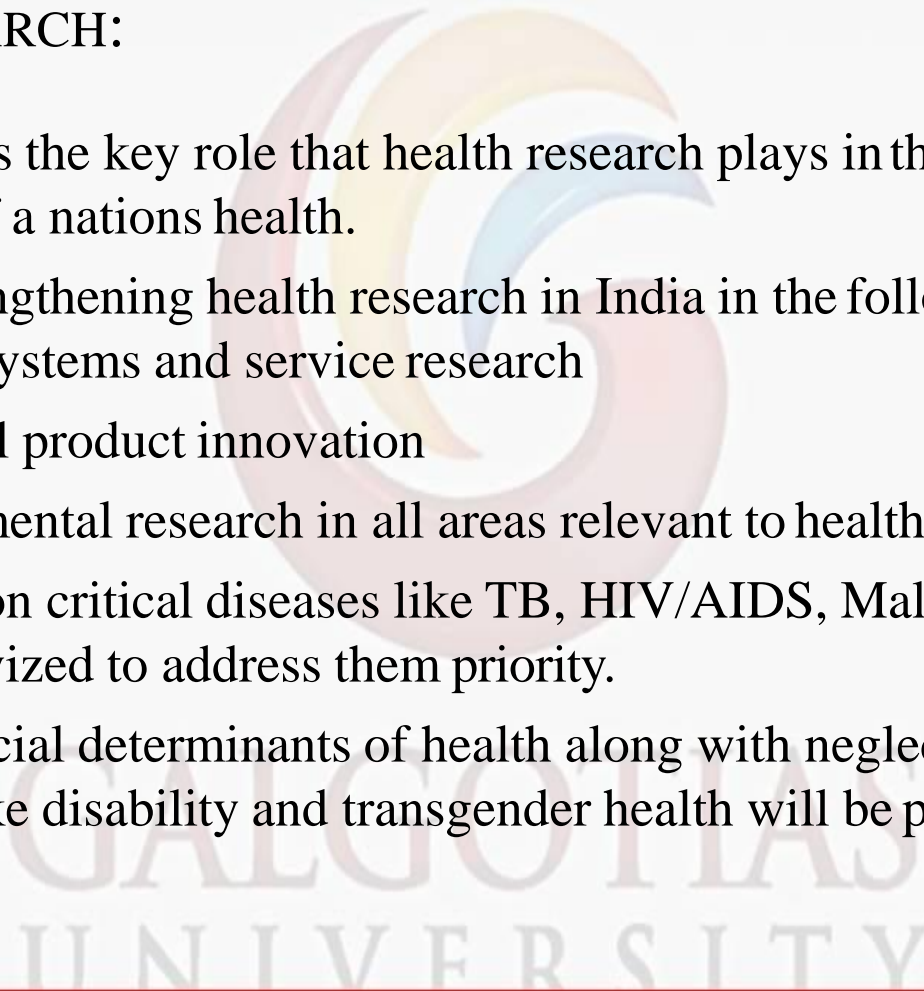
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THANK YOU