

## Review Article

**National Health Policy – 2017**

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The current health status of India has been changed in four major areas i.e. Maternal and child mortality have rapidly declined and growing burden of communicable and non-communicable diseases, second important change is the emergence of a robust health system, third change is the increase catastrophic expenditure due to burden of health related issues, fourth, a rising economic growth, Therefore, a new health policy formed to deal with these changes. The National Health Policy, 2017 helps to move towards wellness in a comprehensive and integrated way. This policy focus on achievement of the highest possible level of health and well-being through a preventive, promotive, curative, rehabilitative approaches a comprehensive manner without financial hardship.

**Keywords:** maternal, child mortality, communicable, catastrophic, comprehensive

**Introduction**

In order to provide good health services to all, national health policy was formed in 1982 and it was revised in 2002. The planning strategies of the health policy were also implemented through five-year plans. This policy again revised in 2017 in order to clarify the government role on priority basis for the strengthening of the health system in various dimensions such as organization of health facility, prevention of diseases and promotion of health, use of technologies, increase human resources, development of financial protection strategies & health assurance benefits[1].

**2. Goal, Principles and Objectives****2.1 Goal**

The policy goal is attainment of the top possible level of health and well-being of the people at all age group via comprehensive approach of health services at all level of health organizations, developmental policies, universal reach to quality assured services without giving financial burden.

**2.2. Policy Principles**

**I. Professionalism, Integrity and Ethics:** NHP 2017 focuses on professional standards, ethics, and accessibility of the health services to all without any partiality in a transparent way.

**II. Equity:** There should not be any discrimination of religion, caste, creed, geographical boundaries, socio economic status of people etc while providing health services to people. Only focus to be given on those who are suffering from diseases and need financial support for treatment.

**III. Affordability:** As health is the fundamental right of every individual and it should be affordable by all.

**IV. Universality:** Accessibility of health services to every human being everywhere.

**V. Patient Centered & Quality care:** Effective, affordable, safe, quality based, convenient health services for patients.

**VI. Accountability:** Concern people follow the responsibility and accountability for their performance and also avoid disparity and corruption at their working area.

**VII. Inclusive Partnerships:** Partnership with non-health ministries and communities through multi stakeholder approach.

**VIII. Pluralism:** Patients choose an appropriate treatment regimen for their health not only based on allopathy but also AYUSH based treatment through integrative practices.

**IX. Decentralization:** Community participation in the health planning process is needed for the fulfillment of objectives.

**X. Dynamism and Adaptiveness:** Constant improvement in dynamic organization of health care which is based on latest knowledge and evidence-based practices from national and international partners [3].

**2.3 Objectives:**

Improve quality-based health services through all sectors and expansion of preventive, promotive, curative, palliative and rehabilitative services provided through public health sectors.

**2.3.1 Progressively achieve Universal Health Coverage**

**A.** Assuring free primary health care services in a comprehensive manner such as reproductive, MCH and health of all age group for the most prevalent infectious, non-infectious, occupational diseases by utilizing existing manpower and available health sector infrastructure with collaboration of non-government sectors.

**B.** Ensuring improved access and affordability, of quality based secondary and tertiary care services through a combination of public private partnership.

**C.** Reduction in health care costs.

### 2.3.2 Reinforcing trust in Public Health Care System

Develop trust of the people related to public health care system through provision of patient centric care, effective efficient, affordable services in a comprehensive manner to all.

#### 2.3.3 Align the growth of private health care sector with public health goals:

Fill critical gaps in public health facilities and enable private health care sector for the achievement of public health goals.

### 3. POLICY THRUST:

- a) Ensuring Adequate Investment
- b) Preventive and Promotive Health
- c) Organization of Public Health Care Delivery

## 4. National Health Programmes

**4.1 RMNCH+A services:** This policy support Maternal and Child survival in all the sectors. The policy strongly suggests strengthening of health systems for prevention and management of maternal complications.

**4.2 Child and Adolescent Health:** The policy focuses on achievement of neonatal mortality targets and „single digit“ stillbirth rates through better home based and facility based care of sick new-borns and also focuses on adolescent health by finding out needs and problems of adolescent through survey and surveillance programmer [5].

### 4.3 Interventions to control Malnutrition and Micronutrient Deficiencies:

Malnutrition and micronutrient deficiencies develop growth and development problems in children. It causes morbidity and mortality in population especially vulnerable sections, resulting in reduction in the nation’s economic growth and well-being.

Policy guides that the work of Mo HFW as a convener to monitor effective integration of both nutrition-specific interventions and nutrition-sensitive for optimal results.

The policy declares that micronutrient deficiencies would be managed through a well-planned action on micronutrient interventions. Focus would be on screening, public awareness regarding importance of micro nutrient .Efforts has been taken to increase the availability of Iron Folic Acid (IFA) supplementation, iodized salt, calcium supplementation during pregnancy, Zinc tablets and Oral Rehydration Salts/Solution (ORS) as a treatment of diarrhea, Vitamin A syrup. Policy recommends Anganwadi centres and schools for exploring the fortified food and micronutrient sprinkles for addressing deficiencies in order to develop effective intervention [4].

**4.4 Universal Immunization:** Improve immunization coverage and vaccine security as per National Vaccine Policy 2011 and introduction of newer vaccines in immunization schedule.

**4.5 Communicable Diseases:** For Integrated Disease Surveillance Programme, policy suggests the need for districts wise data related to communicable disease other basis of priorities of their locality. There should be well equipped laboratories and strengthen public health system for collection of data, analysis and management of disease outbreaks.

**4.5.1 Control of Tuberculosis:** There is increase incidences of multi drug resistant cases of tuberculosis and it leads a challenge in control of tuberculosis. The policy also acknowledges that HIV and TB are co infection. The policy focus for early and active case detection with the involvement of private sector. Ensure that availability of free drugs for the treatment is carried out and rate of dropouts to be reduced.

**4.5.2 Control of HIV/AIDS:** The policy recommends screening and focused interventions on the high-risk communities such as MSM, Transgender, FSW, Commercial sex workers etc. There would provision to support care and treatment for those people who are suffering from HIV/AIDS through antiretroviral (ARV) therapy.

**4.5.3 Leprosy Elimination:** Elimination of leprosy cases as per the global goal of reduction of grade 2 disability amongst new cases to less than 1 per million by 2020 through proactive measures.

**4.5.4 Vector Borne Disease Control:** The policy looks for the challenge of drug resistance in Malaria, which should be deal by changing appropriate treatment regimens with logistics support. Inter-sectoral collaboration for prevention and control of

Japanese Encephalitis (JE)/Acute Encephalitis Syndrome (AES) through New National Programme. It also focus on robust public health system and delivery strategies.

**4.6 Non-Communicable Diseases:** This policy supports an integrated approach for screening of the most prevalent Non Communicable Diseases with secondary prevention for reduction of morbidity and mortality. The policy recommends developing National Institute of Chronic Diseases including Trauma for cost effective best care. Emphasis on screening of common NCD such as cancer (oral, cervical, breast etc), Chronic Obstructive Pulmonary Disease, hypertension and diabetes etc.

The policy recognizes the growing demand of tissue and organ for transplantation in the country and create public awareness to promote voluntary donations.

It includes AYUSH as an integral part of medical care it is safe and affordable. The policy also support programmes related to prevention and control of blindness, deafness, fluorosis, anemia etc.

The policy looks forward the need for palliative and rehabilitative care for geriatric illnesses and focus on continuity of care at all levels [6].

#### **4.7 Mental Health:**

This policy considers the provisions of the National Mental Health Policy 2014 as follows:

- Increase number of specialists through public financing and give preferenceto those who are interested to work in rural areas of public systems.
- Develop resources in community to provide psycho-social support and strengthen mental health services at peripheral level.
- Increase digital technology to access qualified psychiatrists where they are not available.

**4.8 Population Stabilization:** The National Health Policy recognizes improvement in accessibility, education and women empowerment for successful population stabilization. Other policy imperatives are to increase the proportion of male sterilization from less than 5% currently, to at least 30% and if possible much higher.

## **5. Women's Health & Gender Mainstreaming**

There is a provision for health needs of women beyond the reproductive age group i.e. above 40 years.

## **6. Gender Based Violence**

This policy focuses on women friendly hospital so that women get treatment without any gender-sensitivity issues. Ensure that the victims/sufferer get free services with dignity.

## **7. Supportive Supervision**

For supportive supervision in more vulnerable districts with inadequate capacity, the policy will support innovative measures such as use of digital tools and HR strategies like using nurse trainers to support field workers etc.

## **8. Emergency Care and Disaster Preparedness**

Better emergency management response to disasters, both natural and manmade. It requires people from community area trained for first responder for accidents and disasters and also the public healthcare system needs to be strengthened with skilled person and well-equipped infrastructure at various levels so as to respond timely and effectively during emergencies.

## **9. Mainstreaming the Potential of AYUSH**

The policy ensure accessibility of AYUSH remedies for people by linking AYUSH system with ASHA and VHSNCs. Strengthen AYUSH system by providing quality control mechanism for AUSH drugs and availability of these drugs for common people. Aware community about yoga as part of promotion of good health in school and work places. The policy focuses for farming of herbal plants. It also introduces need to nurture AYUSH system of medicine by providing well equipped infrastructure of teaching institutions, quality control of drugs and advancement in professional courses. This policy also recognizes involvement of integrated courses for Indian System of Medicine, Modern Science and Ayurgenomics.

## **10. Tertiary care Services**

It recommends need of new Medical Colleges, Nursing Institutions and AIIMS in the country for provision of better health services. Tertiary care services should be organized with well-equipped and competent health personnel's. The policy supports periodic review of services and fee structure and quality of clinical training experiences in the private and government sector medical colleges.

The policy enunciates the core principle of societal obligation on the part of private institutions to be followed. This would include:

- Operationalization of mechanisms for referral from public health system to charitable hospitals.
- Ensuring that deserving patients can be admitted on designated free / subsidized beds.

### **11. Human Resources for Health:**

This policy recommends that medical and Para-medical education to be integrated with the health service delivery system, so that the students learn in the actual situation and not just in medical college. The policy considered growth of health professional and technical educational institutions, better financing of educational courses, defining professional boundaries and competency, revisiting the pedagogy of professional and technical education, revising entry policies into educational institutions, ensuring education quality and regulating system to generate the skilled person at the right working area.

### **12. Financing of Health Care**

The policy advocates allocating major proportion (up to 2/3 or more) of resources to primary care followed by secondary and tertiary care with Inclusion of cost-benefit and cost-effective studies consistently in programme design and evaluation would be prioritized. This would increase efficiency of public expenditure.

### **13. Regulatory Framework**

Ministry of Health and Family Welfare 's role needs urgent and concrete steps towards reform regulation of clinical establishments, professional technical education, safety of food, technologies used in medicals, clinical trials, research and implementation of health-related laws if needed. This will entail moving towards a more effective, rational, transparent and consistent regime.

### **14 Vaccine Safeties**

The policy recognizes effective regulation for Vaccine safety and security. Commissioning more research and development for manufacturing of new vaccines as per the demand on the basis of incidence and prevalence of diseases in society.

### **15 Medical Technologies**

India is known as the pharmacy of the developing world. However, its role in new drug discovery and drug innovations including bio-pharmaceuticals and bio-similar for its own health priorities is limited. This needs to be addressed in the context of progress towards universal health care. Making available good quality, free essential and generic drugs and

diagnostics, at public health care facilities is the most effective way for achieving the goal. The free drugs and diagnostics basket would include all that is needed for comprehensive primary care, including care for chronic illnesses, in the assured set of services. At the tertiary care level too, at least for in-patients and out-patients in geriatric and chronic care segments, most drugs and diagnostics should be free or subsidized with fair price selling mechanisms for most and some co-payments for the "well-to-do" [7].

### **16. Public Procurement**

A well-developed public procurement system is needed to meet the challenge of providing free drugs through public sector. Quality of public procurement and logistics is a major challenge to ensure access to free drugs and diagnostics through public facilities.

### **17. Availability of Drugs and Medical Devices**

The policy recognizes the need of regulating use of medical devices to ensure safety and quality compliance as per standard norms. The policy focus on production of Active Pharmaceutical Ingredient (API) which is the back-bone of the generic formulations industry. Recognizing that over 70% of the medical devices and equipments are imported in India.

### **18. Aligning other policies for medical devices and equipment with public health goals**

For medical devices and equipment, the policy recommends and prioritises establishing sufficient labelling and packaging requirements on part of industry, adequate medical devices testing facility and effective port - clearance mechanisms for medical products.

### **19. Anti-microbial resistance**

The problem of anti-microbial resistance calls for a rapid standardization of guidelines, regarding antibiotic use, limiting the use of antibiotics as Over-the-Counter medication, banning or restricting the use of antibiotics as growth promoters in animal livestock. Pharmaco-vigilance including prescription audit inclusive of antibiotic usage, in the hospital and community, is a must in order to enforce change in existing practices.

### **20. Health Technology Assessment**

Health Technology assessment is required to ensure that technology choice is participatory and is guided

by considerations of scientific evidence, safety, consideration on cost effectiveness and social values. The National Health Policy commits to the development of institutional framework and capacity for Health Technology Assessment and adoption.

## 21. Health Surveys

This policy recognizes that the scope of health would be extended through demographic and epidemiological surveys to gather information regarding costs effective care, financial protection and reformation of evidence-based policy and planning. The policy recommends periodic epidemiological surveys by using digital tools for finding out real health status of public and impact of health policy and programme on prevention of disease and promotion and restoration of health.

## 22. Health Research

The National Health Policy recognizes that health research plays an important role in the development of a nation's health. It is important to increase investment in health research.

## 23. Implementation Framework and Way Forward

A policy will be successful when it will be implemented properly. These implementation frameworks provide guidelines to achieve the goals of the policy<sup>7</sup>.

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