

# National Health Policy -2017

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**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**

## **Goal**

The policy envisages as its goal the **attainment of the highest possible level of health and wellbeing for all at all ages, through a preventive and promotive health care orientation in all developmental policies**, and universal access to good quality health care services without anyone having to face financial hardship as a consequence. This would be achieved through increasing access, improving quality and lowering the cost of healthcare delivery.

## **Objectives**

Improve health status through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with the focus on quality.

## **Key Policy Principles**

1. **Professionalism, Integrity, and Ethics:** The health policy commits itself to the highest professional standards, integrity and ethics to be maintained in the entire system of health care delivery in the country, supported by a credible, transparent and responsible regulatory environment.
2. **Equity:** Reducing inequity would mean affirmative action to reach the poorest. It would mean minimizing disparity on account of gender, poverty, caste, disability, other

forms of social exclusion and geographical barriers. It would imply greater investments and financial protection for the poor who suffer the largest burden of disease.

3. **Affordability:** As costs of care increases, affordability, as distinct from equity, requires emphasis. Catastrophic household health care expenditures defined as health expenditure exceeding 10% of its total monthly consumption expenditure or 40% of its monthly non-food consumption expenditure, are unacceptable.
4. **Universality:** Prevention of exclusions on social, economic or on grounds of current health status. In this backdrop, systems and services are envisaged to be designed to cater to the entire population- including special groups.
5. **Patient-Centered & Quality of Care:** Gender-sensitive, effective, safe, and convenient healthcare services to be provided with dignity and confidentiality. There is a need to evolve and disseminate standards and guidelines for all levels of facilities and a system to ensure that the quality of healthcare is not compromised.
6. **Accountability:** Financial and performance accountability, transparency in decision making, and elimination of corruption in health care systems, both in public and private.
7. **Inclusive Partnerships:** A multistakeholder approach with partnership & participation of all non-health ministries and communities. This approach would include partnerships with academic institutions, not for profit agencies, and the health care industry as well.
8. **Pluralism:** Patients who so choose and when appropriate, would have access to AYUSH care providers based on documented and validated local, home and community-based practices. These systems, inter alia, would also have Government support in research and supervision to develop and enrich their contribution to meeting the national health goals and objectives through integrative

practices.

9. **Decentralization:** Decentralisation of decision making to a level as is consistent with practical considerations and institutional capacity. Community participation in health planning processes, to be promoted side by side.
10. **Dynamism and Adaptiveness:** constantly improving the dynamic organization of health care based on new knowledge and evidence with learning from the communities and from national and international knowledge partners is designed

## Policy thrust

- **Ensuring Adequate Investment:** The policy proposes a potentially achievable target of raising public health expenditure to 2.5% of the GDP in a time-bound manner. It envisages that the resource allocation to States will be linked with State development indicators, absorptive capacity and financial indicators.
- **Preventive and Promotive Health:** The policy articulates to institutionalize inter-sectoral coordination at national and sub-national levels to optimize health outcomes, through the constitution of bodies that have representation from relevant non-health ministries. This is in line with the emergent international “Health in All” approach as a complement to Health for All. The policy prerequisite is for an **empowered public health cadre** to address social determinants of health effectively, by enforcing regulatory provisions.
- The policy identifies coordinated action on seven priority areas for improving the environment for health:
  - The Swachh Bharat Abhiyan
  - Balanced, healthy diets and regular exercises.
  - Addressing 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 the workplace
- Reducing indoor and outdoor air pollution

## **Specific Quantitative Goals and Objectives**

The indicative, quantitative goals and objectives are outlined under three broad components viz. (a) health status and programme impact, (b) health systems performance and (c) health system strengthening. These goals and objectives are aligned to achieve sustainable development in health sector in keeping with the policy thrust.

### **A) Health Status and Programme Impact**

#### **Life Expectancy and healthy life**

- Increase Life Expectancy at birth from 67.5 to 70 by 2025.
- Establish regular tracking of Disability Adjusted Life Years (DALY) Index as a measure of burden of disease and its trends by major categories by 2022.
- Reduction of TFR to 2.1 at the national and sub-national level by 2025.

#### **Mortality by Age and/ or cause**

- Reduce Under Five Mortality to 23 by 2025 and MMR from current levels to 100 by 2020.
- Reduce infant mortality rate to 28 by 2019.
- Reduce neonatal mortality to 16 and stillbirth rate to “single-digit” by 2025.

#### **Reduction of disease prevalence/ incidence**

- Achieve global target of 2020 which is also termed as the **target of 90:90:90**, for HIV/AIDS i. e., - 90% of all people living with HIV know their HIV status, – 90% of all people diagnosed with HIV infection receive

sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression.

- Achieve and maintain the elimination status of Leprosy by 2018, Kala-Azar by 2017 and Lymphatic Filariasis in endemic pockets by 2017.
- To achieve and maintain a cure rate of >85% in new sputum positive patients for TB and reduce the incidence of new cases, to reach elimination status by 2025.
- To reduce the prevalence of blindness to 0.25/ 1000 by 2025 and disease burden by one third from current levels.
- To reduce premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 25% by 2025.

## **B) Health Systems Performance**

### **Coverage of Health Services**

- Increase utilization of public health facilities by 50% from current levels by 2025.
- Antenatal care coverage to be sustained above 90% and skilled attendance at birth above 90% by 2025.
- More than 90% of the newborn are fully immunized by one year of age by 2025.
- Meet the need for family planning above 90% at the national and sub-national level by 2025. 5
- 80% of known hypertensive and diabetic individuals at the household level maintain „controlled disease status“ by 2025.

### **Cross-Sectoral goals related to health**

- The relative reduction in the prevalence of current tobacco use by 15% by 2020 and 30% by 2025.
- Reduction of 40% in the prevalence of stunting of under-five children by 2025.

- Access to safe water and sanitation to all by 2020 (Swachh Bharat Mission).
- Reduction of occupational injury by half from current levels of 334 per lakh agricultural workers by 2020.
- National/ State level tracking of selected health behaviour.

## **C) Health Systems strengthening**

### **Health finance**

- Increase health expenditure by Government as a percentage of GDP from the existing 1.15% to 2.5 % by 2025.
- Increase state sector health spending to > 8% of their budget by 2020.
- Decrease in proportion of households facing catastrophic health expenditure from the current levels by 25%, by 2025.

### **Health Infrastructure and Human Resource**

- Ensure availability of paramedics and doctors as per the Indian Public Health Standard (IPHS) norm in high priority districts by 2020.
- Increase community health volunteers to population ratio as per IPHS norm, in high priority districts by 2025.
- Establish primary and secondary care facility as per norms in high priority districts (population as well as time to reach norms) by 2025.

### **Health Management Information**

- Ensure the district-level electronic database of information on health system components by 2020.
- Strengthen the health surveillance system and establish registries for diseases of public health importance by 2020.
- Establish federated integrated health information

architecture, Health Information Exchanges and National Health Information Network by 2025.