National Health Policy 2017

Why in news?

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The National Health Policy, 2017, was approved by the Union Cabinet which will replace the previous policy adopted in 2002.

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What are the key highlights?

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- The broad principles of the Policy are centered on professionalism, integrity and ethics, equity, affordability, universality, patient centered and quality of care, accountability and pluralism.
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- It aims to achieve universal access to good quality health care services **without anyone having to face financial hardship** as a consequence.
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- It intends on gradually increasing public health expenditure to **2.5% of the GDP.**
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- It proposes free drugs, free diagnostics and free emergency and essential healthcare services in public hospitals.
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- The policy advocates allocating **two-thirds (of resources to primary care**.
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- It proposes two beds per 1,000 of the population to enable access within the first 60 minutes after a traumatic injury.
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- To reduce morbidity and preventable mortality of **non-communicable diseases** (NCDs) by advocating pre-screening.
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- It highlights AYUSH as a tool for effective prevention and therapy that is safe and cost-effective.
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- It **proposes introducing Yoga** in more schools and offices to promote good health.
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- It also proposed reforming medical education.
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- The policy also lists quantitative targets regarding life expectancy, mortality and reduction of disease prevalence in line with the objectives of the policy.
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What are the key targets?

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- Increase Life Expectancy at birth from 67.5 to 70 by 2025.
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- Reduce Fertility Rate to 2.1 by 2025.
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- Reduce Infant Mortality Rate to 28 by 2019.
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- Reduce Under Five Mortality to 23 by 2025.
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- Achieve the global 2020 HIV target (also termed 90:90:90 global target).
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- To reduce premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 25 per cent by 2025.
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- Reducing the prevalence of blindness to 0.25 per 1000 persons by 2025.
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- The disease burden to be reduced by one third from the current levels.
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- Elimination of leprosy by 2018, kala-azar by 2017 and lymphatic filariasis in endemic pockets by 2017.
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What are the positives?

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- The policy seeks to **promote universal access to good quality healthcare services** and a wide array of free drugs and diagnostics.
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- The proposed steps such as a **health card for every family** will certainly help improve health outcomes in India.
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- The recommended **grading of clinical establishments** and active promotion and adoption of standard treatment guidelines can also help improve the quality of healthcare delivery in India.
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What are the lacunas?

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- The policy duplicates portions of the Health section of Finance Minister's 2017 Budget speech, reiterates health spend targets set by the erstwhile Planning Commission for the 12th Five Year Plan.
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- It **fails to make health a justiciable right** in the way the Right to Education 2005 did for school education.
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- A **health cess** was a pathbreaking idea that was proposed in the draft policy but it was dropped.
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- Whether Health should continue to be in the State List, or in the Concurrent List is not answered in the policy.
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- Among the most glaring lacunae in the present context is the lack of capacity to use higher levels of public funding for health.
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- Although a major capacity expansion to produce MBBS graduates took place between 2009 and 2015, this is unlikely to meet policy goals since only 11.3% of registered allopathic doctors were working in the public sector as of 2014.
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What should be done?

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- More health professionals need to be deployed for primary care in rural areas.
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- Contracting of health services from the private sector may be inevitable in the short term.
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- No more time should be lost in forming regulatory and accreditation agencies for healthcare providers at the national and State levels.
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- Without oversight, unethical commercial entities would have easy backdoor access to public funds in the form of state-backed insurance.
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- For the new policy to start on a firm footing, the Centre has to get **robust health data.**
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- To reduce high out-of-pocket spending, **early deadlines should be set** for public institutions to offer essential medicines and diagnostic tests free to everyone.
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Source: The Hindu, Indian Express

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