National Health Policy, 2017 - Part II

Click here to read about National Health Policy.

\n\n

What is the issue?

\n\n

Let’s take a look at some of the positives and the disappointments of NHP 2017.

\n\n

On Spending:

\n\n

\n
- Global evidence on health spending shows that unless a country spends at least 5-6% of its GDP on health, with government expenditure being a major part, basic healthcare needs are seldom met.
\n
- NHP 2002 had underlined the government’s intent to increase public expenditure on healthcare to 2-3% of GDP.
\n
- NHP 2017 again lays down a modest target of reaching public **health expenditure of 2.5% of GDP by 2025.**
\n

\n\n

On Public Health Facilities:

\n\n

\n
- The policy document also targets bringing about an increase in the use of public health facilities by 50% from current levels by 2025 and making two beds available per 1,000 population.
\n
- **At a health expenditure of 2.5% of GDP, these targets look unrealistic and unachievable, not to talk about the goal of universal healthcare.**
\n

\n\n

On Healthcare services:

\n\n

\n
- NHP 2017 envisages widening the net of basic healthcare services delivered through primary healthcare.
\n
- It proposes moving from a very selective to a comprehensive primary healthcare package which includes geriatric healthcare, palliative care and rehabilitative care services.
\n
- **The policy advocates allocating a major proportion (up to two-thirds or more) of resources to primary care, followed by secondary and tertiary care.**
\n
- It also aspires to provide at the district level most of the secondary care which is currently provided at a medical college hospital.
\n
- Widening the net of primary healthcare services will enable coverage of a larger section of people through these services, and reduce the burden on district hospitals.
\n
- However, while pledging to allot a major chunk of resources to primary healthcare with a widened net is a welcome move, this should not mean that the government starts withdrawing from secondary and tertiary healthcare.
\n

\n\n

On Partnerships:

\n\n

\n
- NHP 2017 makes repeated references to strategic partnerships, and this is the first time a policy document has so clearly recognized the role of the private sector in taking healthcare to all.
\n
- NHP 2017 envisages private sector collaboration for strategic purchasing, capacity building, skill development programmes, awareness generation, and developing sustainable networks for communities to strengthen mental health services.
\n
- Instead of investing in setting up new hospitals, the government can enter

into public private partnerships (PPPs) in every district and help private hospitals subsidize costs for people below the poverty line.
\n
- This will take much less investment than opening new hospitals as it will utilize the existing infrastructure of hospitals.
\n
- The goal of universal healthcare can be achieved faster and more comprehensively if the public and private sectors launch long-term partnerships with a vision to reach the last citizen.
\n

\n\n

On Lifestyle diseases:

\n\n

\n
- By far the most notable change in the policy document is the recognition that India needs to turn attention to preventing the rising burden of lifestyle diseases.
\n
- Apart from the unfinished agenda of addressing infectious diseases, nutritional deficiencies, the escalating epidemic of non-communicable diseases (NCDs) has become a major concern.
\n
- NCDs contribute to 60% of the disease burden in India today.
\n
- In this light, the clear guidelines on finding sustainable solutions to fight the growing burden of NCDs is a welcome approach.
\n

\n\n

\n\n

Source: Live Mint

\n

