National Healthcare Policy 2017

Why in news?

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The Union cabinet recently approved the National Health Policy, 2017.

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What are the features?

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- The policy includes progressive steps towards universal and affordable access to healthcare services for the underprivileged.
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- It does this by making provisions for comprehensive primary care via the conversion of 150,000 sub in Indian villages to **“Health and Wellness Centres”.**
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- Every family is to be provided with a health card that will link it to the primary care facility and make it eligible to receive a defined package of services anywhere in the country.
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- To increase “accountability and governance”, the government will aim at increasing both horizontal and vertical accountability by providing a greater role for local body participation and encouraging community monitoring.
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What are the problems?

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- **Absenteeism -** In a study conducted by the World Bank and Harvard University in 2003, it was found that in 1,500 primary healthcare centres across India, 40% of healthcare workers in government health clinics were absent from work.
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- In another study conducted in the sub-centres of 135 villages of Udaipur from 2005-07, suggested that monitoring, coupled with punitive pay incentive, reduced the absence of nurses from 60% to 30% in healthcare centres.
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- This proves that healthcare workers are responsive to properly administered incentives, and that comprehensive monitoring does make a difference.
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- **Distrust -** For the underprivileged, a visit to a primary healthcare centre may mean the loss of a day's wage, especially given a bad service delivery system.
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- A lack of understanding of the benefits of vaccination, and, to some extent, distrust in government healthcare services, exacerbate the problem.
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- A research study helped provide immunization services through mobile camps on fixed days in one intervention. In the other intervention, it incentivized parents with a gift of 1kg of lentils on immunization days and a *thali* on the completion of the whole schedule.
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- It showed that providing poor families with non-financial incentives in addition to reliable services and education about immunization was more effective.
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- **Lack of evidence -** While the healthcare policy relies heavily on technical research in pharmaceuticals and equipment, when it comes to service delivery, evidence-based policy has been absent in India.
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- Policymakers need to know what works and what doesn't. There is evidence to show that projects fail largely as they are not evidence-based.
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- The government will also require a robust mechanism to implement and monitor the mammoth mission.
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Source: Livemint

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