



NATIONAL HEALTH POLICY



NATIONAL + HEALTH + POLICY

- Health Policy of a nation is its strategy for controlling and optimizing the social uses of its health knowledge and health resources.



National

This word is used to describe something that belongs to the whole country.



Health

According to WHO definition, Health is defined as a state of complete physical, mental and social well being and not merely an absence of disease.



Policy

It means a course of action or plan proposed to implement the rules and procedures.

STEPS FOR IMPLEMENTING A POLICY

Identification and issue Recognition



Policy Formulation



Policy Implementation



Policy Monitoring & Evaluation

INTRODUCTION TO NHP



Ministry of Health & Family Welfare , Government of India launched National Health Policy in 1983 keeping in view the national commitment to attain the goal of health for all by 2000 AD.



It was passed by Parliament.



The policy lay stress upon the preventive, promotive, public health and rehabilitative aspects of healthcare.

KEY ELEMENTS OF NHP, 1983

- Creation of awareness of health problems in the community and means to solve them.
- Supply of safe drinking water and basic sanitation in the community.
- Concentration on strengthening rural health Infrastructure
- Establishment of HMIS to support Health planning and health Program implementation.
- Provision of legislative support
- Research in Alternative methods of Healthcare delivery system and low cost technologies to make healthcare affordable for all
- Integration of AYUSH and greater coordination among different system of medicine

GOALS OF NHP, 1983

- Reducing CBR to 20/1000 till 2000
- Limiting the family to 2 children
- Reducing Mortality rate below 9/1000 population
- Reducing MMR below 2/1000 population
- Reducing IMR below 60/1000 infants
- Achieving the target of 100 % antenatal care and delivery conducted by trained workers only
- Achieving the target of immunization to 85% of all the children and 100 % of the pregnant women
- Maintaining NRR at 1

HEALTH FOR ALL



FACTORS AFFECTING THE LOW PROGRESS TOWARDS HEALTH FOR ALL

- Insufficient Political Commitment
- Failure to achieve equity in access to primary health care
- Low status of women
- Slow socio economic development
- Difficulty in achieving intersectoral approach
- Unbalanced distribution of human resources
- Inadequacy of health Promotion Activities
- Weak HMIS to knit the whole system in one knot
- Pollution, Poor food, water supply and basic sanitation
- Rapid demographic and Epidemiological changes
- Inappropriate use of allocation of resources and high cost technology
- Natural and Man made disasters

NHP, 2002 - OBJECTIVES

- To achieve the acceptable standard of good health amongst the general population of the country.
- To increase access to tried and tested system of traditional medicine.
- To rationalize the use of drugs with Allopathic System
- To ensure equitable access to healthcare services
- To establish decentralized Healthcare delivery system
- To enhance the contribution of Private Healthcare delivery system at affordable price

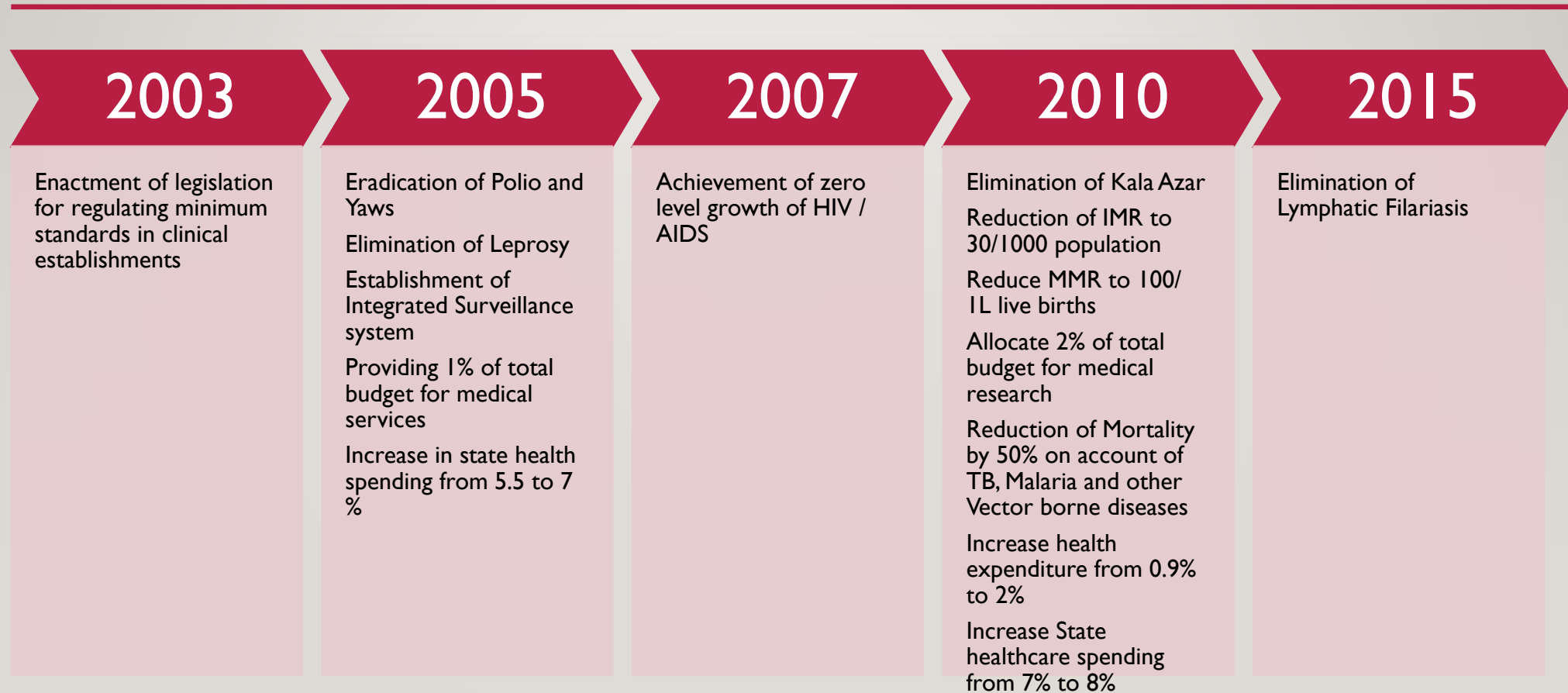
NHP, 2002 – POLICY

- Increase Financial Resources by increasing healthcare expenditure to 6% of GDP
- Delivery of National Health Programmes
- Public Health Infrastructure
- Extending Public Health Services by incorporating PPP model
- Role of Local Self Government institutions
- Education of Healthcare Professionals by providing Need based, Skill oriented courses with mandatory practical training & serving in Government Hospitals.
- Use of Generic Medicines and Vaccines and their uninterrupted supply
- Urban Healthcare Scheme by promoting infrastructure and providing adequate funding
- Prioritize Mental Health Issues in the community
- Promoting IEC activities
- Focus on Health Research
- Active participation of Private sector in Primary, Secondary and Tertiary care
- Regular Monitoring and evaluation of Health Statistics

NHP, 2015

- The primary aim of NHP, 2015 is to inform , clarify, strengthen and prioritize the role of government in shaping the health system in all its dimensions – investment in health, prevention of disease and promotion of good health.

GOALS TO BE ACHIEVED BY 2015



NEED OF NHP , 2017

01

Health priorities are changing. There is growing burden of non communicable diseases and some infectious diseases.

02

The emergence of robust healthcare industry estimated to grow at double fold.

03

Growing incidences of catastrophic expenditure due to health care costs, which are estimated to be one of the major causes of poverty.

04

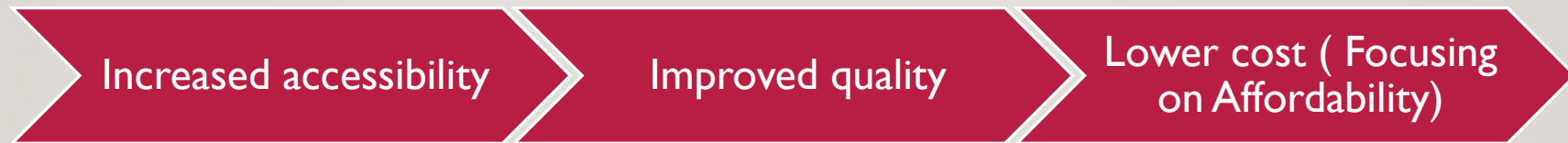
A rising economic growth enabling enhanced fiscal capacity.

NHP, 2017 – PRIORITY AREAS

- Swatch Bharat Abhiyan
- Balance, Health diet & Regular Exercise
- Addressing Tobacco, alcohol and substance abuse
- Prevent deaths due to rail / road traffic incidents
- Nirbhaya Nari Action against gender violence
- Reduced stress and improved safety at workplace
- Reduction of indoor and outdoor air pollution

NHP, 2017 – GOAL

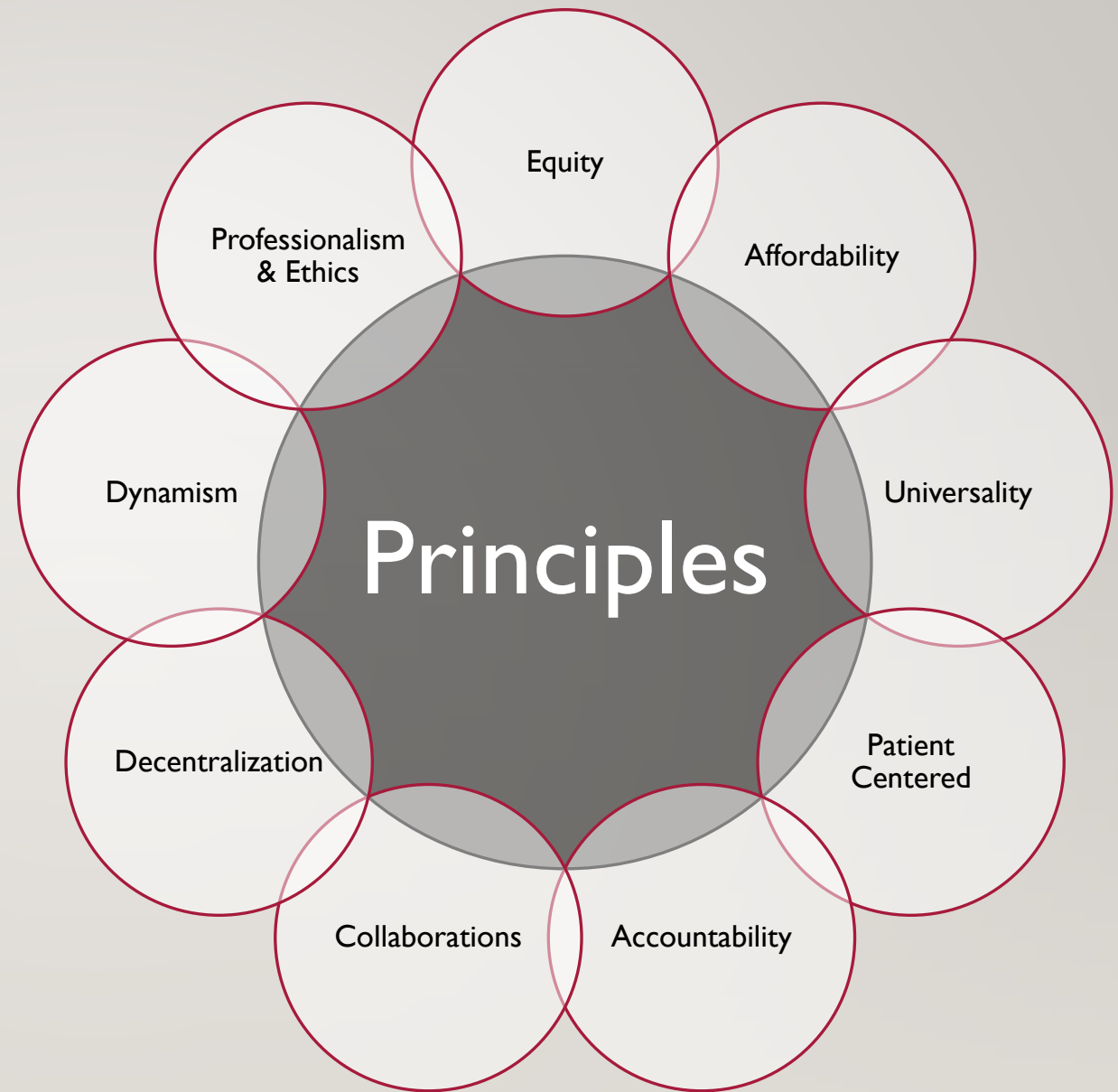
- Goal
 - The main aim of National Health Policy, 2017 is the attainment of highest possible level of health and well being for all ages, through preventive and promotive healthcare orientation & universal access to good healthcare facilities.

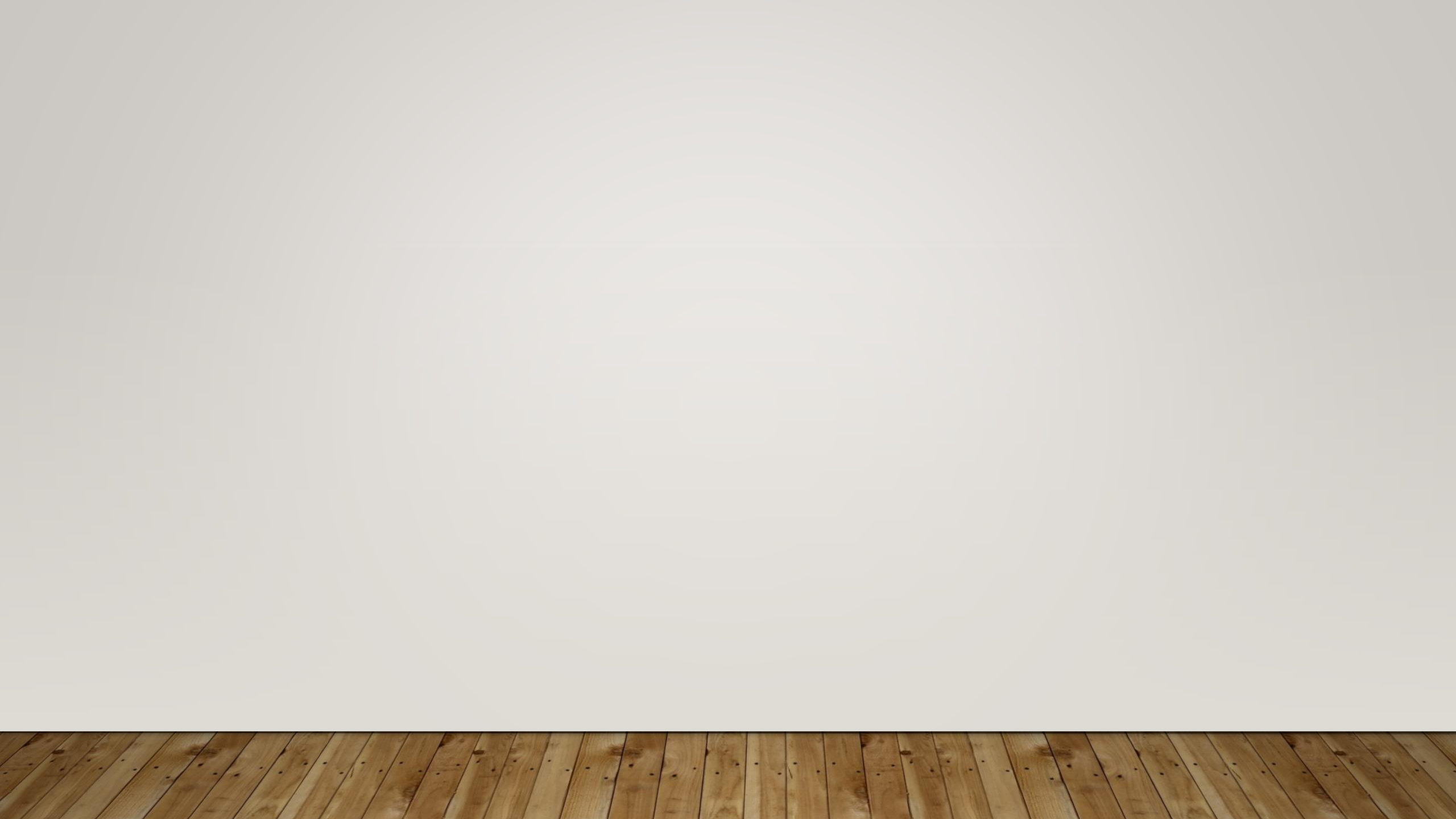


NHP, 2017 – OBJECTIVES

- To improve health status in all sectors and expand preventive, promotive palliative, curative and rehabilitative services through public health sector with special emphasis on quality care.
- Achieve Universal Health Coverage by :
 - Assuring availability of free and comprehensive primary healthcare services
 - Ensuring affordability of secondary and tertiary health services
 - Achieving in reduction of out of pocket expenditure due to illness

NHP , 2017 - PRINCIPLES





NHP , 2017 – FOCUS ON WELLNESS

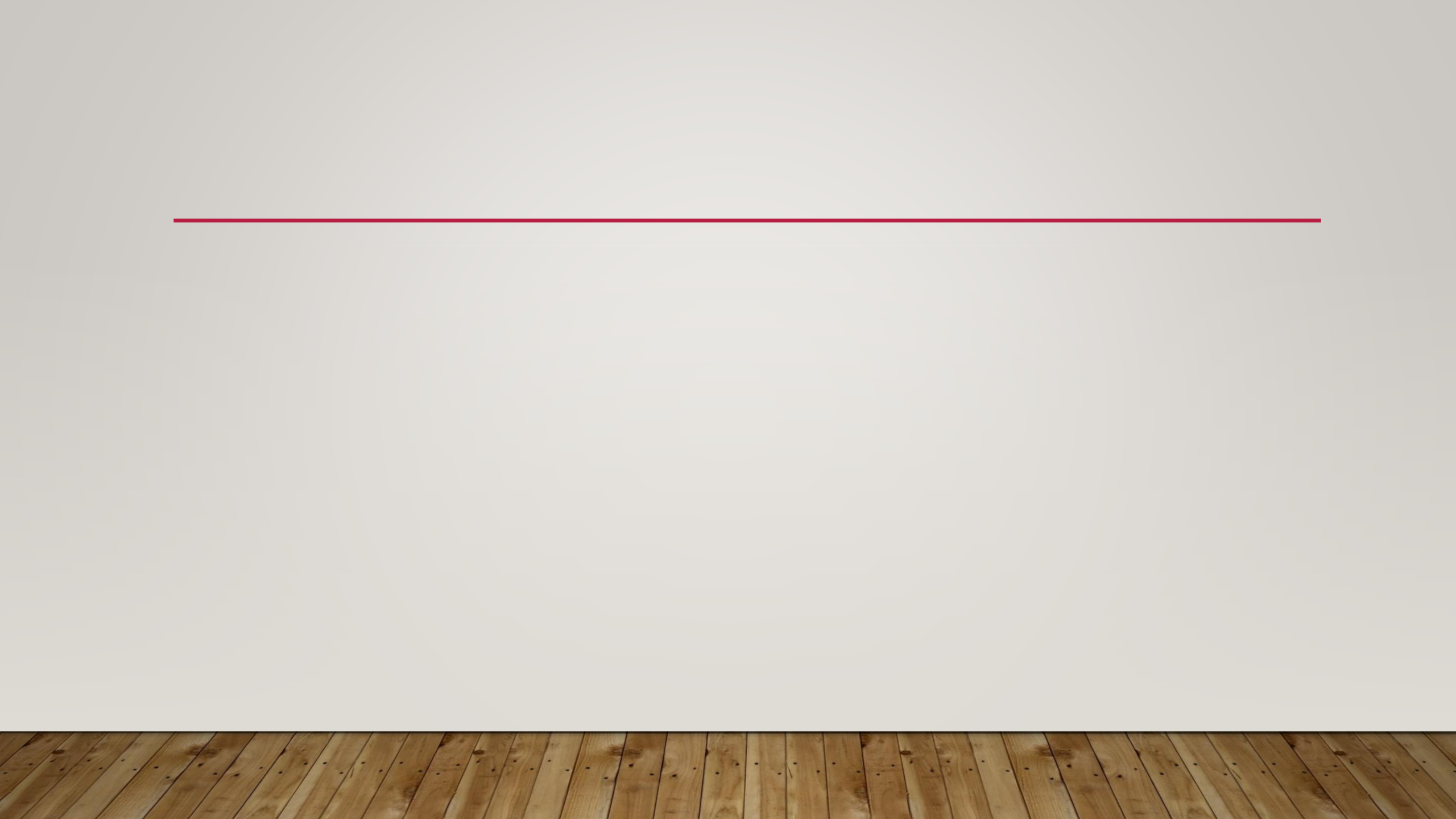
Palliative Care

Mental Health

Geriatric
health

Rehabilitative
Services

Non
Communicable
Diseases



NHP, 2017 - TARGETS

- Mortality rates
 - Under – 5 Mortality Rate – 23 per 1000 births
 - IMR – 28 per 1000 live births
 - Neonatal mortality Rate – 16 per 1000 births
 - Still birth Rate – 10 per 1000 births
 - MMR – 100 per 100000 births
- Life Expectancy – 70 Years
- Total Fertility Rate – 2.1
- Public Health Expenditure – 2.5%
- Eliminate Tuberculosis by 2025
- Reduce Mortality from CVD, Cancer, Diabetes & Respiratory Diseases by 255
- Reduce the prevalence of blindness by 0.025% by 2025
- Increase utilization Rate of Healthcare Services by 50% by 2025
- More than 90% of Newborns to be fully immunized by 2025
- Reduce Tobacco, alcohol and substance abuse by 30% by 2025

COMPARISON OF TARGETS

NHP 2002

Reduction of IMR to 30 / 1000

Reduction of MMR to 100 / 1Lakh

Increase public Health expenditure from 0.9 to 2% of GDP

Eradicate leprosy by 2005

Eradicate Mortality from TB by 50%

Eradicate Kala Azar by 2010 and Lymphatic Filariasis by 2015

Total Public Health expenditure in PHC should be 55%

NHP 2017

Reduction of IMR to 28 / 1000

Reduction of MMR to 100 / 1Lakh

Increase public Health expenditure from 1.16 to 2.5% of GDP

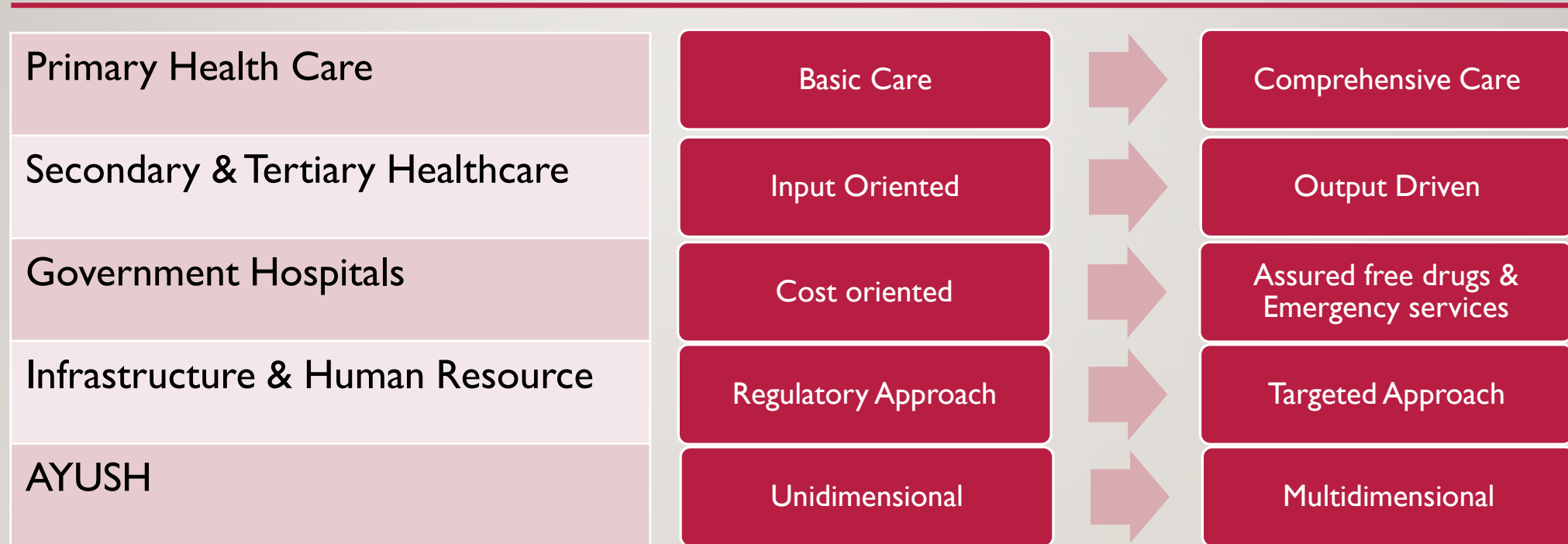
Eradicate Leprosy by 2018

Achieve a Cure Rate more than 85%

Eradicate Kala Azar and Lymphatic Filariasis by 2017

Total Public Health expenditure in PHC should be more than 66%

7 KEY POLICY SHIFTS IN NHP, 2017



NEW FOCUS AREAS UNDER NHP, 2017

- RMNCH+A services
- Child & Adolescent Health
- Combating Malnutrition
- Universal Immunization
- Combating Communicable and Non Communicable Diseases
- National Mental Health Program
- Population Stabilisation
- Addressing Gender Based Violence
- Emergency care & Disaster Preparedness
- Allocation of skilled Manpower
- Strategic Purchasing
- Make in India Initiative for a healthy India
- Regulatory Framework for food safety , Clinical Trials, Research, Clinical Establishments and Professional & Technical Education
- Applying Digital Health Technology via National Digital Health Authority to promote utilization of knowledge for Tele-education, Tele- CME and Tele- consultation.