

## **National health policy**

### **Why in news?**

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The National Health Policy was cleared by the Union Cabinet on Wednesday.

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### **What does the policy say?**

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- India last issued a National Health Policy in 2002.

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- The new policy proposes raising public health expenditure to 2.5% of the GDP in a time-bound manner.

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- The Policy advocates a progressively incremental assurance-based approach.

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- It envisages providing larger package of assured comprehensive primary health care through the 'Health and Wellness Centres'.

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- It denotes important change from very selective to comprehensive primary health care package which includes care for major NCDs [non-communicable diseases], mental health, geriatric health care, palliative care and rehabilitative care services.

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- It advocates allocating major proportion (two-thirds or more) of resources to primary care.

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- It aims to ensure availability of 2 beds per 1,000 population distributed in a manner to enable access within golden hour [the first hour after traumatic injury, when the victim is most likely to benefit from emergency treatment].

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- In order to provide access and financial protection, it proposes free drugs, free diagnostics and free emergency and essential health care services in

all public hospitals.

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- The new targets in the policy are to increase life expectancy at birth from 67.5 to 70 by 2025.

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- Reduce Total Fertility Rate to 2.1 at the national and sub-national levels by 2025.

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- Reduce premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 25% by 2025.

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- It proposes universal screening.

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- As per the new Policy, the National Healthcare Standards Organisation (NHSO) will decide the standards of private and public health institutions, and an empowered tribunal will deal with grievances.

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- The policy envisages a three-dimensional integration of AYUSH systems encompassing cross referrals, co-location and integrative practices across systems of medicines.

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- This has a huge potential for effective prevention and therapy that is safe and cost-effective.

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- Yoga would be introduced much more widely in schools and work places as part of promotion of good health.

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- Many of the disease-specific targets have been announced by the Policy — such as eliminating kala-azar and filariasis by 2017, leprosy by 2018 and measles by 2020.

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- The policy proposed to eliminate tuberculosis by 2025, and to reduce the Infant Mortality Rate to 28 by 2019 and Maternal Mortality Rate to 100 by 2020.

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- The transformation of 1.5 lakh Health Sub Centres into Health and Wellness Centres was also announced in the Policy.

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**What are the drawbacks of the policy?**

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- The new policy repeats several old ideas, and fails to fulfil 2015 promise of a Right to Health.

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- The policy duplicates portions of the Health section of Finance Minister 2017 Budget speech.

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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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- The policies reference to an “assurance-based approach” abandons a radical change proposed in the draft policy of 2015 where National Health Rights Act aimed at making health a right.

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- Health Ministry officials said the idea was dropped because state governments felt that health infrastructure was not yet at levels at which health could be made an entitlement, and the citizen could theoretically take a government to court for its denial.

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- Diagnostics, drugs and essential health care services are already free in many states.

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- The policy says that 2.5% GDP spend target for Health would be met by 2025.

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- But the HLEG report of 2011, quoted by the 12th Plan document, had set the same target for the Plan that ends at the end of this march 2017.

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- A health cess was a pathbreaking idea in the Health Ministry’s draft policy.

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- But now it has been rejected, with health officials maintaining that there is no dearth of funds.

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**Source: The Indian express**

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