

**MANIDHANAHEYAM FREE IAS ACADEMY – TNPSC GROUP II & IIA
UNIT - III**

Govt. Policy on Health

1. NATIONAL HEALTH POLICY 1983

National Health Policy aims for the development of social capital and to protect the health interest of Indian population. Health Policy supplemented by Ayushman Bharat Abhiyan and Ayushman Bharat Health Infrastructure Mission is an important step towards sustainable development of country and to counter the emerging health crises.

Various health care policies

National Health Policy 1983 -Indira Gandhi Government

1. The Ministry of Health and Family Welfare, Govt. of India, initiated India's first National Health Policy in 1983 i.e. 36 years after independence. It continued till 2002.
2. The policy emphasized on preventive, promotive public health and rehabilitation aspects of healthcare.
3. The policy stresses the need of establishing comprehensive primary health care services to reach the population in the remote area of the country.

Objectives of NHP 1983

1. A phased, time-bound programme for setting up a well-dispersed **network of comprehensive primary health care services**, linked with extension and health education, designed in the context of the ground reality that elementary health problems can be resolved by the people themselves.
2. Intermediation through '**Health volunteers**' having appropriate knowledge, simple skills and requisite technologies;
3. Establishment of a well **worked out referral system** to ensure that patient load at the higher levels of the hierarchy is not needlessly burdened by those who can be treated at the decentralized level;
4. An integrated net-work of evenly spread **specialty and super-specialty services**; encouragement of such facilities through private investments for patients who can pay, so that the draw on the Government's facilities is limited to those entitled to free use.

2. NATIONAL HEALTH POLICY 2002

- A revised health policy for achieving better health care and unmet goals has been brought out by government of India- National Health Policy 2002.

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- According to this revised policy, government and health professionals are obligated to render good health care to the society.
- Optimizing the use of health service to a large group rather than a small group is a foreseen event by the NHP 2002.
- Inclusion of social policies adds to the credit of the revised NHP 2002

Objectives

- Primary Health Care Approach
- Decentralized public health system
- Convergence of all health programme under single field umbrella
- Strengthening and extending public health services
- Enhanced contribution of private and NGO sector in health care delivery.
- Increase in public spending for health care.

Components

1. Financial Resources
2. Equity
3. Delivery Of National Public Health Programs
4. The state of public health infrastructure
5. Extending public health services
6. Role of local self- Government Institutions
7. Norms of Health care Professional: Indian Medical council Act and Indian Nursing Council Act
8. Education of Health care Professional
9. Need for specialists in 'Public Health' and 'Family Medicine'
10. Nursing personnel
11. Use of Generic drugs and
12. Urban health: Urban Community Health Centre

First Tier: - Primary centre cover 1 Lakh population

- It functions as OPD facilities.
- It provides essential drugs.
- It will carry out national health programmers

Second Tier:-

- General Hospital a referral to primary centre provides the care.
- The policy recommends a fully equipped hub-spoke trauma care network to reduce accident mortality.

13. Mental health

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14. Information Education and Communication: School children, and interpersonal communication by folk and traditional media to bring about behavioral change.
15. Health research
16. Role of private sector
17. Role of civil Society
18. National Disease Surveillance Network
19. Health statistics
20. Women's health
21. Medical Ethics
22. Enforcement of Quality Standards for food and Drugs
23. Regulation of standards in paramedical disciplines
24. Environmental & Occupational Health
25. Providing Medical Facilities to Users from Overseas (Health Tourism)

3. NATIONAL HEALTH POLICY 2017

The policy envisages as its goal the attainment of the highest possible level of health and wellbeing for all at all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence. This would be achieved through increasing access, improving quality and lowering the cost of healthcare delivery.

The policy recognizes the pivotal importance of Sustainable Development Goals (SDGs). An indicative list of time bound quantitative goals aligned to ongoing national efforts as well as the global strategic directions is detailed at the end of this section.

Policy Principles

1. **Professionalism, Integrity and Ethics:** The health policy commits itself to the highest professional standards, integrity and ethics to be maintained in the entire system of health care delivery in the country, supported by a credible, transparent and responsible regulatory environment.
2. **Equity:** Reducing inequity would mean affirmative action to reach the poorest. It would mean minimizing disparity on account of gender, poverty, caste, disability, other forms of social exclusion and geographical barriers. It would imply greater investments and financial protection for the poor who suffer the largest burden of disease.

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3. **Affordability:** As costs of care increases, affordability, as distinct from equity, requires emphasis. Catastrophic household health care expenditures defined as health expenditure exceeding 10% of its total monthly consumption expenditure or 40% of its monthly non-food consumption expenditure, are unacceptable.
4. **Universality:** Prevention of exclusions on social, economic or on grounds of current health status. In this backdrop, systems and services are envisaged to be designed to cater to the entire population- including special groups.
5. **Patient Centered & Quality of Care:** Gender sensitive, effective, safe, and convenient healthcare services to be provided with dignity and confidentiality. There is need to evolve and disseminate standards and guidelines for all levels of facilities and a system to ensure that the quality of healthcare is not compromised.
6. **Accountability:** Financial and performance accountability, transparency in decision making, and elimination of corruption in health care systems, both in public and private.
7. **Inclusive Partnerships:** A multistakeholder approach with partnership & participation of all nonhealth ministries and communities. This approach would include partnerships with academic institutions, not for profit agencies, and health care industry as well.
8. **Pluralism:** Patients who so choose and when appropriate, would have access to AYUSH care providers based on documented and validated local, home and community based practices. These systems, inter alia, would also have Government support in research and supervision to develop and enrich their contribution to meeting the national health goals and objectives through integrative practices.
9. **Decentralization:** Decentralisation of decision making to a level as is consistent with practical considerations and institutional capacity. Community participation in health planning processes, to be promoted side by side.
10. **Dynamism and Adaptiveness:** constantly improving dynamic organization of health care based on new knowledge and evidence with learning from the communities and from national and international knowledge partners is designed.

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Objectives

Improve health status through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with focus on quality.

