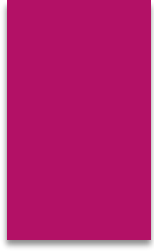


National Health Policy

2017



Goal

Principles

Objectives

Goal

- ▶ Attainment of the highest possible level of health and well being for all
- ▶ At all ages
- ▶ Through a Preventive and promotive health care orientation

...Goal

- ▶ Universal access to good quality health care services
- ▶ Without financial hardships

...Goal

- ▶ This would be achieved through:
 - Increasing access
 - Improving quality and
 - Lowering the cost of health care delivery

Principles

- ▶ Professionalism, integrity and Ethics
- ▶ Ethics
- ▶ Affordability
- ▶ Universality
- ▶ Patient centred and quality of care

...Principles

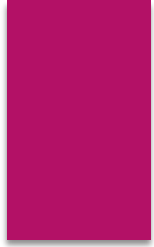
- ▶ Accountability
- ▶ Inclusive partnerships
- ▶ Pluralism
- ▶ Decentralisation
- ▶ Dynamism and adaptiveness

Objectives

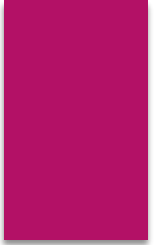
- ▶ Improve health status through concerted policy action with focus on quality by expanding preventive, promotive, curative, palliative and rehabilitative services

Progressively achieve UHC

- ▶ Free comprehensive PHC services for all aspects of reproductive, maternal, child and adolescent health and for the most prevalent communicable and NCD and occupational diseases.



A. Collaborating with non government sector on pro-bono basis for delivery of health care services linked to a health card and enable every family to have access to a doctor of their choice from amongst those volunteering their services.



B. Improving access and affordability of quality secondary and tertiary care services through a public private Partnership.

C. Reducing catastrophic health expenditure and consequent impoverishment.

objectives...

- ▶ Reinforcing trust in public health care system
- ▶ Align the growth of private health care sector with public health goals
- ▶ Specific quantitative goals and objectives

Objectives...

▶ Health status and programme impact

▶ Life expectancy and healthy life

Increase life expectancy at birth from 67.5 to 70 by 2025

▶ Mortality by age and cause

Reduce U5 Mortality to 23 by 2025

MMR to 10 by 2020

IMR to 28 by 2019

Neonatal mortality to 16

Birth rate to single digit by 2015

Objectives...

- ▶ Reduction of disease prevalence/incidence
 - ▶ Achieve 90:90:90 for HIV/AIDS
 - ▶ All people living with HIV/AIDS know their status; receive sustained antiretroviral therapy; all those who received ART will have viral suppression
 - ▶ achieve and maintain elimination status of leprosy by 2018, kala azar by 2017, lymphatic filariasis by 2017, cure rate of >85% of new sputum positive patients of TB, reduce blindness to 0.25/1000 by 2025.
 - ▶ Reduce premature death due to CVD, cancer, diabetes or chronic respiratory disease by 25% by 2025.

Policy thrust

▶ Preventive and promotive health

Institutionalise inter-sectoral coordination at national and subnational levels.

This is in line with the “Health in All” approach which optimises health by constituting the bodies of non-health ministries.

Policy thrust...

- ▶ Organisation of public health care delivery
 - ▶ linking PHCs to referral hospitals
 - ▶ enhanced outreach of mobile medical units (MMUs)

Policy thrust...

▶ Reorienting public hospitals

Public hospitals have to be viewed as part of tax financed single payer health care system where the care is pre-paid and cost efficient.

Policy thrust...

► Urban health care

UHC focusses on health care of poor populations living in slums, other vulnerable populations such as homeless, ragpickers, street children, rickshaw pullers, construction workers, sex workers and temporary migrants.

- Policy prioritises urbanisation of AYUSH personnel in urban health care.

National health programmes

▶ Mental health

Considering the NMH policy 2014 the Nhpolicy will consider increase creation of specialists, special rules to those willing to work with public systems, create network of psycho-social supporting community members.

National health programmes...

▶ Population stabilisation

- ▶ Move away from camp approach to make services available any day of the week.
- ▶ Increase male sterilisation from 5% to 30% or more.

Attracting and retaining doctors in remote areas

- ▶ Financial and non-financial incentives
- ▶ Creating medical colleges in rural areas
- ▶ Preference to students from underserved areas
- ▶ Realigning pedagogy and curriculum to suit rural health needs

Legal framework for health care and health pathway

- ▶ Considering the recent debate on health rights bill, the policy question is whether we have reached the level of economic and health systems so as to make this a justiciable right –implying that its denial is an offence.
- ▶ Right to health can't be perceived unless the basic health infrastructure like doctor-patient ratio, patient-bed ratio, nurses-patient ratio etc are near or above threshold levels of country.

Implementation framework and way forward

- ▶ An implementation framework be put in place to deliver on these policy commitments.
- ▶ Such an implementation framework would provide a roadmap with clear deliverables and milestones to achieve the goals of the policy.