IIHMR UNIVERSITY

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Faculty Development Program for IIHMR Group of Institutions

National Health Policy 2017

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Dr Satish has started his public health career in the year 1975, by contributing to the WHO Small Pox Eradication Program in Bihar for which he was awarded a Certificate of Merit. He joined Institute of Medical Sciences-Banaras Hindu University as Lecturer-Preventive and Social Medicine in 1979. He served the University for more than 11 years and supervised Post Graduate (MD) and Ph.D research theses and worked as investigator /co investigator in multi-centric community based research projects.

Later on, in 1990 he joined UNICEF as a Project Officer-Health& Nutrition for West Bengal and Assam. In Aug 2000 he acquired the position of UNICEF Chief for Rajasthan and for Tamil Nadu and Kerala in the year 2008. He served the organization for over 24 years. Thereafter, he has been working as an Advisor Public Health Planning, in NHSRC, Ω≈dxMoHFW since 2014 till his retirement from the post on August 31, 2017. As Advisor, Public Health Planning, he was actively involved and led the process of developing the National Health Policy-2017. Since October2017, Dr. Satish Kumar has been serving International Institute of Health Management Research, Delhi as an Adjunct Professor

Dr Satish has more than 80 publications on maternal health, child malnutrition, water and sanitation, Micronutrients programme, Urban Health and health system research and Health Policy. He is also a recipient of Dr B.C DasGupta memorial oration award by the IPHA

Dr. Satish Kumar has also served as a resource person on many National and State Level Committees on NHM, 12th plan development, National Health Policy Development, Child Policy for Rajasthan, prevention of Child Trafficking and Child Sexual abuse in Rajasthan, Tamil Nadu and Kerala. He is also a member of Porject Review Group (HSR) of ICMR, Delhi and has also served as a Member School Board, School of Medical Sciences, University of Hyderabad and a Member of Governing Board of School of Public Health SRM , University Tamil Nadu

NATIONAL HEALTH POLICY

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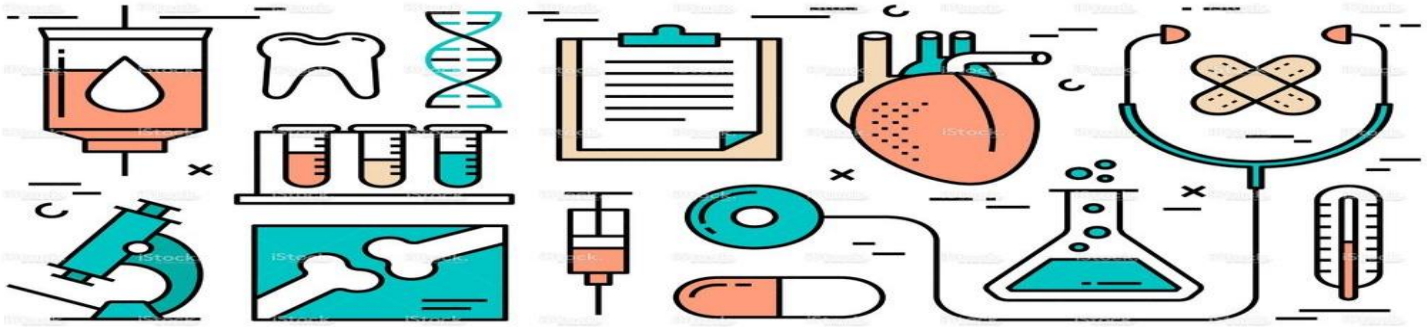
National Health Policy

- Vision of the Government on different dimensions of healthcare system.
- The First NHP -1983 was followed by the last National Health Policy-2002.
- NHP-2017 – participative and consultative



Current Health Status

Indicator	Indian Scenario	Target set by NHP-2017
Maternal Mortality Ratio (MMR)	122 (2015-2017) SRS	100 by 2020
Under-5 Mortality Rate (U5MR)	37(SRS 2017)	23 by2025
Infant Mortality Rate (IMR)	32 (2018) SRS	28 by 2019
Neonatal Mortality Rate	23 (2017)	16 by 2025
Other Health Indicators		
Total Fertility Rates (TFR)	Eleven of the 20 large States have achieved replacement rate of 2.1; three to reach soon.	
Child Sex Ratio (0-6 years)	919 females per 1000 males	
Disease Burden		
Communicable diseases, maternal, perinatal and nutritional conditions	28%	
Non-communicable diseases-	60%	
Injuries	12%	
Achievements in Combating Communicable Diseases		
Drastic reduction in HIV/AIDS Prevalence Rates	0.22% (2017) in adults (15 -49 yrs)	
Eradication of Polio		
Elimination of Maternal and Neonatal Tetanus		
Significant decline in Kala-azar and Lymphatic Filiariasis with rates expected to dip below threshold values soon		

Health Outcomes and Health Expenditures in Selected Countries

Country	Total Health Exp per capita (USD) - 2014	Total Health Exp as % of GDP – 2014	Govt. Health Exp as % of Total Health Exp - 2014	Life Expectancy at birth (years) 2020
India	$75	4.7%	30.5%	70.4
Thailand	$360	6.5%	86.0%	77.7
Sri Lanka	$ 139	3.6%	44.7%	76.8
BRICS Countries				
Brazil	$ 947	8.3%	46.0%	76.5
China	$ 420	5.5%	55.9%	77.4
Russia	$893	7.1%	52.0%	72.9
South Africa	$570	8.8%	48.0%	64.8
OECD Countries				
USA	$ 9,403	17.1%	48.0%	79.1
United Kingdom	$ 3,935	9.1%	82.8%	81.2
Germany	$5,411	11.3%	77.0%	81.8
France	$ 4,959	11.5%	78.0%	83
Norway	$ 9,522	9.7%	86.1%	82.9
Sweden	$ 6,808	11.9%	84.0%	83.3
Denmark	$ 6,463	10.3%	85.3%	81.4
Japan	$ 3,703	10.2%	84.0%	85

Changing Context

- Changing health, demographic and epidemiological scenario
- Growing relevance of social determinants of health
- Rising cost of care and need for financial protection
- Unfinished MDGs agenda and commitment to SDGs.
- Increased fiscal capacity in the economy
- Requirement /distribution of doctors
- Increasing focus on quality of care
- Fast growing healthcare industry
- Inequities in health outcomes
- Rapid Urbanization

National Health Policy 2017 - Goal

"The attainment of the **highest** possible level of health and **well-being** 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."

Policy Objectives

1. Significant improvement in health status
2. Universal Health Coverage
   I. Significant reduction in Out of Pocket Expenditure
   II. Assured free comprehensive primary health care services
   III. Ensuring improved access and affordability of secondary and tertiary care services
3. Influence growth & alignment of private health care sector with public health goals
4. Enhance trust in public health care system

Ethics, Equity, Affordability, Patient centric & Quality

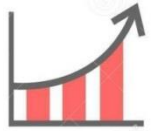
Key Targets

(aligned to National Dev Plans, SDGs, Situation Analysis)

SN	Indicator	Target
A.	**Health Status and Program Impact (by 2025)**	
1	Life expectancy at birth	70 Yrs
2	Total Fertility Rate	2.1 (National & sub-National)
3	Under 5 Mortality Rate	23
4	Maternal Mortality Ratio	77
5	Neo-Natal Mortality Rate	16
6	Still Birth Rate	Less Than 10
7	HIV/AIDS (by 2020)	Global target of 90:90:90
8	Leprosy, Kala-azar, and lymphatic filariasis	Achieve, maintain elimination status
9	Tuberculosis	Reach elimination status
10	Prevalence of blindness	0.25 per thousand
11	Premature mortality from NCDs	Reduction by 25%

Key Targets (Contd..)

SN	Indicator	Target
B	**Health System Performance (by 2025)**	
12	Utilization of public health facilities	Increase by 50%
13	Antenatal Care coverage	Sustained at >90%
14	Presence of skilled attendants at birth (by 2020)	At>90%
15	Full Immunization of new borne by one year of age	More than 90%
16	Prevalence of stunting of Under 5 children	Reduction by 40%
17	Meet need of family planning at national level and below	above 90%
18	Hypertensive and diabetic individuals maintain controlled disease status	80% of known
19	Prevalence in current use of tobacco	Reduction by 30%
20	Access to safe water and sanitation to all (by 2020)	(Swachh Bharat Mission)



Key Targets (Contd…)

SN	Indicator	Target & Year
C	**Health Systems Strengthening**	
21	Increase government health expenditure (% GDP)	2.5% (2020)
22	Increase State sector health spending	> 8% (2020)
23	Decrease proportion of households facing catastrophic health expenditure	By 25% (2025)
24	Availability of paramedics and doctors as per GOI norm in high priority districts	2020
25	Increase community health volunteers to population ratio as per GOI norm, in high priority districts	2025
26	Establish primary and secondary care facility as per GOI norm in high priority districts (population as well as time to care norms)	2025
27	District-level electronic database of information on health system components	2020
28	Establish registries for diseases of public health importance	2025
29	Federated integrated health information architecture, Health Information Exchanges and National Health Information Network	2025

NHP 2017 vis-a-vis NHP 2002

- **Focus on reducing cost of care by transforming**
  - **Primary care** – from selective care to assured comprehensive care with referral linkages to hospitals
  - **Secondary and tertiary care** – from an input oriented to an output based strategic purchasing from public, trust and private hospitals (govt. as single payer, need based purchasing, quality and cost-effective, short term measure)
  - **Public hospitals** – output based differential financing to ensure quality and assured free drugs, diagnostic and emergency services to all
- **Infrastructure and human resource development** – from normative approach to targeted approach to reach under-serviced areas
- **Urban health** – from token interventions to on-scale assured interventions, to organized Primary Health Care delivery and referral support for urban poor. Collaboration with other sectors to address wider determinants of urban health
- **AYUSH services** – from stand-alone to a three dimensional mainstreaming (co-location, cross referrals, bridge courses)

NHP-2017 vis a vis NHP-2002

- Wide reforms in Medical Education and Professional Councils
- Setting up of National Allied professional Council
- Centre of Excellence for para professional and nursing sciences in states
- Regulatory Authority for Medical Devices
- National Health Care Standard Organisation (develop evidence based standard guidelines of care)
- National Institute of Chronic Diseases and Trauma (generate evidence for cost effective approaches)
- Implementation Framework –Roadmap to achieve goals

NHP 2017 -Policy Thrust

Ensuring Adequate Investment

- Raising public expenditure on health (from 1.2% to 2.5% of GDP); commitment for allocating major proportion (upto two-thirds or more) of resources to primary care followed by secondary and tertiary care.
- Sources: General Taxation, Pollution Cess, Specific Commodity Taxes, CSR as source of financing of health sector
- Differential allocations to States/UTs based on need and absorption capacity, priority districts.

Preventive & Promotive Health

- Address social determinants of health through more coordinated action in seven areas- **Swacch Bharat Abhiyan** – **KAYA KALP**; Nirbhaya Nari; Nasha Mukti Abhiyan; Yatri Suraksha; Balanced Health Diet; Occupational Health; Indoor and outdoor pollution
- Involvement of various sectors- food and nutrition, education, safe drinking water and sanitation, housing, employment, industrial and occupational safety – Health in All Policies
- Emphasis on School Health, Yoga, Health Screening and Referrals.

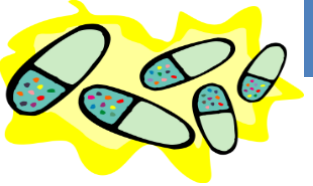
Policy Thrust (Contd...)

Primary care :

- Transform to high quality, assured, comprehensive and seamless linkage to higher referral centers
- Establishment of Health and Wellness centres to provide preventive, promotive and curative services at health sub-centres
- Improve maternal and child immunization with special emphasis on difficult to reach and drop-out children –Mission Indradhanush
- Expanded scope of primary healthcare team- for primary prevention of NCDs, geriatric care , palliative, rehabilitative and mental health care.

Secondary and Tertiary Care Services:

- To have at least 2 beds per 1000 population distributed to ensure accessibility within golden hour rule. Strengthen District Hospitals and a set of sub district hospitals to carry out secondary care services (including trauma care and burns injury)
- New Medical Colleges, AIIMS and Nursing institutes set up as regional, zonal and apex referral centres
- Strategic Purchasing of secondary or tertiary care from public and private sectors for critical gap filling and for under serviced areas
- **Quality Assurance of services** – public and private hospitals (STP, information system on availability of services)



Policy Thrust (Contd….)

Medical Technology:

- Domestic production of medical devices and diagnostics (Make in India).
- Correction of trade barriers such as inverted duty structures.
- Public sector manufacturing of essential drugs and vaccines
- Health Technology Assessment

Human Resources for Health:

- Upgrade district hospitals to medical college; Establish new Medical colleges, Expand AIIMS like Institutions
- Expansion of Specialist Education through MCI courses, NBE, promote MD (Family Medicine) course, Specialized nursing courses
- Regulate quality of medical and nursing education in public and private colleges, entrance exam on the pattern of NEET, Set up National Allied Professional Council to regulate allied health professionals
- Establish cadres: Specialists, Public Health Management, Mid-level service providers (Nurse Practitioners), Specialized Nurses
- HRH management: incentives for doctors/specialists for remote areas; robust recruitment, selection, promotion and transfer/ postings policies; career progression for ASHAs

Policy Thrust (Contd….)

Digital Health:

- Set up of National Digital Health Authority; build Integrated Health Information System to serve all stake-holders needs
- Federated national health information architecture- Use of Aadhaar (Unique ID), MDDS & EHR Standards, health information exchange and national health information network, registries for analytics
- Telemedicine & mHealth- For Tele-consultation; Continued Medical Education and program reporting

Knowledge for Health:

- Special focus on production of Active Pharmaceutical Ingredient (API)
- Higher investment in health research, promote research on social determinants of health and priority health areas; eHealth, mHealth, Internet of things, and point of care diagnostics
- Expanding scope of national health surveys and epidemiological surveys.

Policy Thrust (Contd….)

Regulation and Governance:

- Adoption of: Clinical Establishments Act; Pharmaco- vigilance and prescription audits; Global Good Clinical Practice Guidelines (clinical trials).
- Reform professional councils: Medical (MCI), Nursing, Dental and Pharmacy; Ayurveda, Unani & Siddha, Homeopathy; Set up Allied PC
- Establish: regulatory body for medical devices; medical tribunal for speedy resolution of unfair practices and negligence.
- Strengthen: drug and food regulatory system; Organ donation and tissue transplantation; regulatory framework for standardization of AYUSH drugs

AYUSH

- Promote: innovation, translational research, documentation and validation of practices
- Quality enhancement of: Infrastructure, AYUSH education, drugs.
- Integrative medicine- Ayurgenomics, cross referrals; AYUSH for NCD mitigation

Private Sector Engagement

- Existing Government financed health insurance schemes to cover selected secondary and tertiary care services purchased from public, not for profit and private sector in the same order of preference (subject to availability of quality services on time as per defined norms)
- Trusts or registered societies with institutional autonomy for need based purchasing of secondary and tertiary care from private sector
- Creating a robust independent mechanism to ensure adherence to standard treatment protocols by public and private hospitals
- Compliance to right of patients to access information about their condition and treatment.
- Encourage private providers working in remote and underserved areas to meet public health goals.
- Explore collaboration with not- for -profit organizations for primary care.
- Voluntary service in rural and under-served areas by recognized healthcare professionals under a giving back to society initiative.

NHP-2017- Epidemics/Disasters/Emergency

1. **Public Health Care System**

- Retain certain excess capacity for mobilisation (HRH, Infrastructure, Technology)
- Information System- Data on service availability and utilisation in public and private hospitals
- IDSP-Districts equipped with network of labs backed by tertiary care centres and enhanced public health capacity to collect, analyse, diagnose and respond to disease epidemics
- Community members and LSG- develop capacity as first responders and participatory planning to meet the challenge

2. Private health Sector

- Sharing of data on cases and treatment outcome
- Adhere to regulatory framework for purchase of care by public sector (quality, cost and equity)
- Follow national guidelines on diagnosis, treatment and referral

3. Unified emergency response system:

- Dedicated universal access number; network of life support ambulances and trauma/emergency care (1per 3 million in urban and 1 for 1 million population in rural)

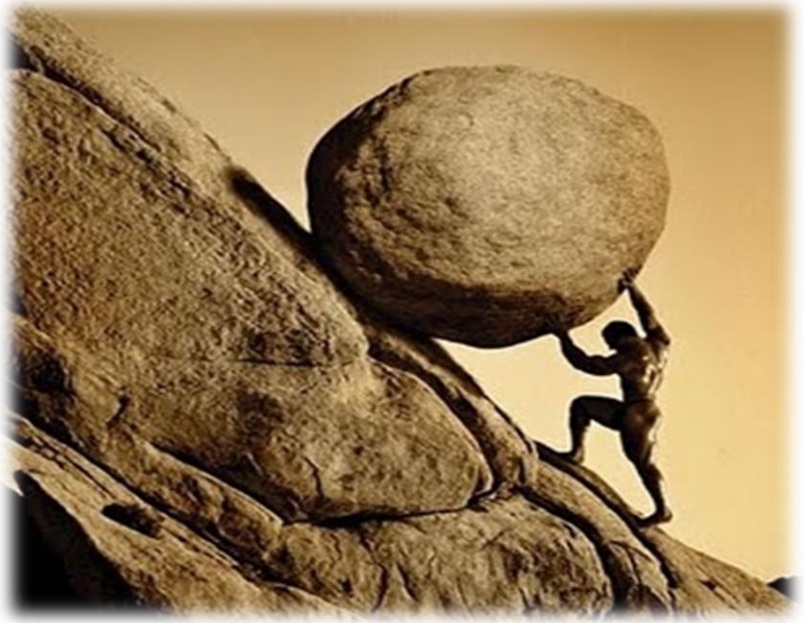
4. Mainstreaming of AYUSH –system support, integrated response

NHP-2017- Health management and teaching Professionals

- Public Health and Management Cadre- to attract young and talented multi disciplinary professionals
- Emphasis on HR Governance and Leadership development skills at all levels including continuing education opportunities for those in remote location
- Health management, medical and paramedical education be integrated with the service delivery system.
- Major reforms in professional education councils
- Extensive deployment of digital tools and technology (e-Health, mHealth, Cloud, Internet of things etc) to improve outcomes of professional education and health care delivery system
- Health Surveys and Health Research be augmented

Health as a Right - An Assurance Based Approach

The policy advocates a progressively incremental assurance based approach, with assured funding to create an enabling environment for realizing healthcare.



The difference between the impossible and the possible lies in our determination!

THANK YOU