

National Health Policy 2015: What is in it for you?

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It has been over 30 years since the government committed to health for all. It is 2015 now and the new NDA government at the center has released a draft of the new Health policy 2015. The new goal set by the 2015 draft is "The attainment of the highest possible level of good health and well-being, 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." There is not much change in the goals of 1983 and 2015, yet we have completed 32 years with limited success.

Repeated studies have shown that in spite of the free public health system, people are spending a lot from their pocket. According to CII (Confederation of Indian Industry) this is also due to the fact that the share of the government in total health expenditure in India is very less. It is estimated that the Government spend accounts for about 22 percent of the total healthcare spend in the country. More than 60-70 percent of the health expenditure comprises of un-pooled, out-of-pocket expenditures. This compares adversely with the world average of 16 percent out-of-pocket expenses and 32 percent government spends within the total healthcare expenditure. India stands quite low when compared to both developed and developing countries.

According to the Ministry of Health and family welfare, Government of India, this National Health Policy addresses the urgent need to improve the performance of health systems. It is being formulated in the last year of the Millennium Declaration and its Goals, in the global context of all nations committed to moving towards universal health coverage. Given the two-way linkage between economic growth and health status, this National Health Policy is a declaration of the determination of the Government to leverage economic growth to achieve health outcomes and an explicit acknowledgement that better health contributes immensely to improved productivity as well as to equity.

In its memorandum, FICCI, India's leading business association has said the draft National Health Policy (NHP) 2015, in the public domain since 30th December, 2014, has indeed a progressive policy outlook. It recognizes the public health system as

distinct from health services, human resources, and investment. However, the Ministry of Health and Family Welfare needs to articulate a Vision 2030, with respect to the health profile of India on the lines of Sustainable Development Goals of the UN.

FICCI

FICCI suggests following measures to improve the healthcare of citizens:-

The national movement for Swachh Bharat can surely be viewed also as a pitch for Swastha Bharat, as in fact it comprises a series of public health initiatives towards implementing preventive and promotive health. FICCI recommends opening up a fourth layer of health care, which may be called 'pre-primary', which will democratize all tasks and activities relating to prevention and promotion.

An effective national healthcare system and therefore an efficient and effective National Health Policy will ride faster and smoother on the back of a strong Digital India campaign. Seamless mobility of patient health data and electronic medical records are among the most significant outcomes that Digital India could yield. India now has more than 90 crore mobile phones, more than 60 crore Aadhaar numbers and more than 10.5 crore Jan Dhan Yojana accounts. This combination of Jan Dhan Yojana, Aadhaar and Mobile phones (JAM) could be a very potent instrument to reach out to the most rural household. The transfer of funds will promote more regular visits to health care facilities and purchase of essential medicines for overall well-being.

The Make in India campaign seeks to channelize the entrepreneurial spirit of young India in order to increase the degree of self-reliance in the country. FICCI recommends creation of a sustainable ecosystem to institutionalize innovation via proactive collaboration between government, academia and industry for design and innovation in medical technology.

Skill India seeks to create a skilled task force to meet the rapidly growing requirements of all sectors of economy. The health sector is among the largest employer of skilled human capital and therefore a critical partner in the nation-wide program for enhancing the skill levels of citizens. There is a need for convergence and collaboration between MoHFW, Healthcare Sector Skills Council, Medical Council of India and vocational training providers in healthcare sectors, and spell out a roadmap, moving forward. Further, the overlaps and duplication of responsibility for healthcare amongst various ministries viz Ministry of Women and Child Development, Ministry of Education, Ministry of Information and broadcasting, Ministry of Science and Technology, Ministry of Labour and Employment, and Department of Pharmaceuticals needs to be addressed and rationalized for greater transparency and accountability.

Following the maxim of minimum government and maximum governance, the NHP 2015 needs to articulate a rapid roadmap for legislative, institutional, and financial reform, so that the regulatory framework catches up with ground reality. We need to have statutory norms in place for regulating infra-structure, clinical practice and medical service standards. NHP 2015 should direct that the Clinical Establishment Act 2010 be re-examined, modified where necessary, and re-enacted such that it becomes applicable to the whole country, across the public and private sectors. Further, State governments should be encouraged to create a single window clearance system where people desirous of starting a healthcare related business should apply online only, and on the lines of Passport e Seva.

Since Health remains a state subject, very often the central government is unable to push through an agenda common to all states. It is not always easy to roll out major national programs, campaigns and initiatives, therefore NHP 2015 should pursue removal of health care from the State List to be placed on the Concurrent List in the Seventh Schedule of the Constitution. FICCI supported MoHFW to develop standard treatment guidelines (STGs) across 20 specialities in 2009. To this day, these have perhaps not been notified because they have not been adopted by healthcare providers. In the event that disease control is put under the Concurrent List, development and adoption of these STGs would be easier. Additionally, if functions relating to quality accreditation and pharmaceuticals are placed in the Concurrent List, this will facilitate universal application of standards by central and state health ministries and departments.

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