

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA
UNSTARRED QUESTION NO. 5019
TO BE ANSWERED ON 31ST MARCH, 2017**

NATIONAL HEALTH POLICY

**5019. DR. SUNIL BALIRAM GAIKWAD:
SHRI S.R. VIJAYAKUMAR:
SHRI KONDA VISHWESHWAR REDDY:
SHRI ASHOK SHANKARRAO CHAVAN:
SHRI GAJANAN KIRTIKAR:
SHRI BIDYUT BARAN MAHATO:
SHRI SUDHEER GUPTA:
SHRI PREM DAS RAI:
SHRI JYOTIRADITYA M. SCINDIA:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) the details of main highlights of the draft of the National Health Policy, 2017;
- (b) whether the Government has been actively considering to make health a fundamental right similar to education and the ways and means through which the new National Health Policy, 2017 is different from the previous National Health Policy, if so, the reasons therefor;
- (c) whether issues of gender equity is an integral part of the policy as directed by the Honourable Supreme Court according to judgment W.P. (C) No. 95 of 2012 and if so, the details thereof;
- (d) the reasons for the inordinate delay in implementing the new National Health Policy and the time by which it is likely to be implemented;
- (e) whether the per capita annual expenditure on public health is very low as compared to other developing countries and if so, the details thereof along with the reasons therefor; and
- (f) the steps taken/being taken by the Government to increase amount of expenditure on public health?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SMT. ANUPRIYA PATEL)**

- (a): The details of major highlights of the National Health Policy, 2017 is given at Annexure-I.
- (b): At present, there is no proposal under consideration of the Government to make health as a fundamental right. However, National Health Policy, 2017 advocates progressively incremental Assurance based Approach with focus on preventive and promotive healthcare.

(c): The National Health Policy 2017 recognises that improved access, education and empowerment would be the basis of successful population stabilization. The policy imperative is to move away from camp based services with all its attendant problems of quality, safety and dignity of women, to a situation where these services are available on any day of the week or at least on a fixed day.

(d): The process of formulation of the new National Health Policy entailed wide consultation with multiple stakeholders, Regional consultations, approval of Central Council of Health and Family Welfare and Group of Ministers. The Cabinet in its meeting held on 15th March, 2017 approved the National Health Policy, 2017.

(e): A statement showing per capita expenditure on public health in India vis-à-vis other select developing countries in 2014 is given at Annexure-II.

(f): The National Health Policy 2017 envisages raising public health expenditure progressively to 2.5% of the GDP by 2025.

Details of Major Highlights of National Health Policy, 2017

1. Assurance Based Approach- Policy advocates progressively incremental Assurance based Approach with focus on preventive and promotive healthcare
 2. Health Card linked to health facilities- Policy recommends linking the health card to primary care facility for a defined package of services anywhere in the country.
 3. Patient Centric Approach- Policy recommends the setting up of a separate, empowered medical tribunal for speedy resolution to address disputes /complaints regarding standards of care, prices of services, negligence and unfair practices. Standard Regulatory framework for laboratories and imaging centers, specialized emerging services, etc
 4. Micronutrient Deficiency- Focus on reducing micronutrient malnourishment and systematic approach to address heterogeneity in micronutrient adequacy across regions.
 5. Quality of Care- Public hospitals and facilities would undergo periodic measurements and certification of level of quality. Focus on Standard Regulatory Framework to eliminate risks of inappropriate care by maintaining adequate standards of diagnosis and treatment.
 6. Make in India Initiative- Policy advocates the need to incentivize local manufacturing to provide customized indigenous products for Indian population in the long run.
 7. Application of Digital Health- Policy advocates extensive deployment of digital tools for improving the efficiency and outcome of the healthcare system and aims at an integrated health information system which serves the needs of all stake-holders and improves efficiency, transparency, and citizen experience.
 8. Private Sector engagement for strategic purchase for critical gap filling and for achievement of health goals.
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A statement showing per capita expenditure on public health in India vis-à-vis other select developing countries in 2014

Country	General Government Health Expenditure (GGHE) per Capita in US\$ 2014
India	23
Thailand	177
China	234
South Africa	275
Mexico	351
Iran (Islamic Republic of)	145
Indonesia	38
Sri Lanka	71
Malaysia	252

Source: WHO: Global Health Expenditure Database, 2014