

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

**LOK SABHA  
UNSTARRED QUESTION NO. 1998  
TO BE ANSWERED ON 29<sup>th</sup> DECEMBER, 2017**

**NATIONAL HEALTH POLICY**

**1998. SHRIMATI HEMA MALINI:**

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

- (a) whether the Government has given clearance to the National Health Policy, 2017;
- (b) if so, the details thereof along with the salient features of the said policy;
- (c) whether the Government has taken any steps to increase public health expenditure to 2.5 percent of the GDP as promised under the National Health Policy, 2017;
- (d) whether the Government proposes to enact any legislation under which prescribing generic drugs is likely to be made mandatory for the doctors; and
- (e) if so, the details thereof?

**ANSWER**

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

- (a): The Government has approved and brought out National Health Policy 2017 which is available at <https://mohfw.gov.in/sites/default/files/9147562941489753121.pdf>
- (b): The salient features of the National Health Policy, 2017 is given at Annexure.
- (c): The National Health Policy 2017 envisages increasing public expenditure on health to 2.5% of GDP in a time bound manner by 2025. The Budget outlay (Gross) for Ministry of Health and Family Welfare during 2017-18 (BE) is an increase of approximately 24% in comparison to the financial year 2016-17 (BE).
- (d) & (e): No. However, Clause 1.5 (Use of Generic names of drugs) of Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 prescribes “Every physician should prescribe drugs with generic names legibly and preferably in capital letters and he/she shall ensure that there is a rational prescription and use of drugs”.

**The salient features of National Health Policy, 2017**

- The primary aim of the National Health Policy, 2017, is to inform, clarify, strengthen and prioritize the role of the Government in shaping health systems in all its dimensions- investments in health, organization of healthcare services, prevention of diseases and promotion of good health through cross sectoral actions, access to technologies, developing human resources, encouraging medical pluralism, building knowledge base, developing better financial protection strategies, strengthening regulation and health assurance.
- The policy envisages as its 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. 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 as under :
  - Reduce Under Five Mortality to 23 by 2025 and MMR from current levels to 100 by 2020.
  - Reduce infant mortality rate to 28 by 2019.
  - Reduce neo-natal mortality to 16 by 2025.
  - Achieve global target of 2020 which is also termed as target of 90:90:90, for HIV/AIDS i. e,- 90% of all people living with HIV know their HIV status, - 90% of all people diagnosed with HIV infection receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression.
  - Achieve and maintain elimination status of Leprosy by 2018, Kala-Azar by 2017 and Lymphatic Filariasis in endemic pockets by 2017.
  - Increase health expenditure by Government as a percentage of GDP from the existing 1.15% to 2.5 % by 2025.
  - 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

- Micronutrient Deficiency- Focus on reducing micronutrient malnourishment and systematic approach to address heterogeneity in micronutrient adequacy across regions.
  - 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.
  - 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.
  - Private Sector engagement for strategic purchase for critical gap filling and for achievement of health goals.
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