

NATIONAL HEALTH POLICY (1983, 2002, 2017)

&

NATIONAL HEALTH PROGRAMME

Unit-3

SWRK4021

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# INTRODUCTION

## ✓ **HEALTH:**

A state of complete physical, mental and social well being and not merely the absence of disease or infirmity.

## ✓ **POLICY:**

Policy is a system, which provides the logical framework and rationality of decision making for the achievements

## ✓ **HEALTH POLICY:**

Health policy of a nation is its strategy for controlling and optimizing the social uses of its health knowledge of intended objectives.

- Ministry of Health identified the need for policy arising out of handling of day-to-day problems related to various health programs and commitment to achieving the goals of HFA by 2000 AD.
- Ministry appointed a committee to review environment in the health sector and recommended a policy frame after needful consultation.

- NHP-1983:
- The NHP-1983 gave a general exposition of the policies which required recommendation in the circumstances prevailing in the health sector.
- NHP-1983, in a spirit of optimistic empathy for the health needs of the people, particularly the poor and underprivileged, had hoped to provide '**Health for All by 2000 through the comprehensive PHC Services**

**The Joint WHO – UNICEF international conference in 1978 at Alma-Ata (USSR) declared that:**

***“the existing gross inequalities in the status of health of people particularly between developed and developing countries as well as within the countries is politically, socially and economically unacceptable.”***

Alma-Ata Declaration called on all the governments to formulate *National Health Policies* according to their own circumstances, to launch and sustain primary health care as a part of national health system

**The Alma-Ata Declaration of 1978 emerged as a major milestone of the twentieth century in the field of public health, and it identified primary health care as the key to the attainment of the goal of "Health for All" around the globe**

**The Alma-Ata conference called for acceptance of the WHO goal of**

**HEALTH FOR ALL by 2000  
AD**

**and 'Primary Health  
Care' as a way to  
achieve Health  
For All**

# ALMA –ATA DECLARATION

- Health is a fundamental human right and that the attainment of the highest possible level of health is a most important worldwide social goal.
- The existing gross inequality in the health status of the people particularly between developed and developing countries is politically, socially and economically unacceptable.
- Economic and social development, based on a new international economic order is of basic importance to the fullest attainment of health for all.



- The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.
- Government have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures.
- All government should formulate national policies, strategies and plans of action to launch and sustain primary health care.

- All countries should cooperate in a spirit of partnership and service to ensure PHC for all people.
- An acceptable level of health for all the people of the world by the year 2000 can be attained through a further and better use of the world's resources.

# **THE ALMA-ATA CONFERENCE defined that**

“Primary health care is an essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individual and families in the community, through their full participation and at a cost that the community and the country can afford”.

# Principles of Primary Health Care

1. Equitable distribution

2. Community participation.

3. Inter-sectoral

coordination 4. Appropriate

technology

# National Health Policy 1983

- The Ministry of Health and Family Welfare, Govt. of India, evolved a National Health Policy in 1983 till 2002.
- The policy lays stress on preventive, promotive, public health and rehabilitation aspects of healthcare.
- The policy stresses the need of establishing comprehensive primary health care services to reach the population in the remote area of the country.
- India had its first national health policy in 1983 i.e. 36 years after independence
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# Objectives of NHP 1983

- (i) A phased, time-bound programme for setting up a well-dispersed network of comprehensive primary health care services, linked with extension and health education, designed in the context of the ground reality that elementary health problems can be resolved by the people themselves.
- (ii) Intermediation through 'Health volunteers' having appropriate knowledge, simple skills and requisite technologies;

- (iii) Establishment of a well worked out referral system to ensure that patient load at the higher levels of the hierarchy is not needlessly burdened by those who can be treated at the decentralized level;
- (iv) An integrated net-work of evenly spread speciality and super-speciality services; encouragement of such facilities through private investments for patients who can pay, so that the draw on the Government's facilities is limited to those entitled to free use.

# Salient features of the 1983 Health policy

- It was **critical of the curative-oriented** western model of health care
- **Emphasized a preventive, promotive and rehabilitative primary health care approach**
- Recommended a **decentralized system of health care, the key features** of which were low cost, deprofessionalisation (use of volunteers and paramedics), & community participation,
- **expansion of the private curative** sector which would help reduce the government's burden



**But by the end of 2000 century it was clear that the goals of health for all by the year 2000 AD would not be achieved .....**

- The observed progress suggested that we may need some new and additional strategy or new sizable intervention in achievement of an unacceptable health of the country.

**Factors responsible for this failure were:**

- Biased and poor socio- economic development in the region where it was needed most.
- Discriminatory policies due to age, gender and ethnicity thus preventing access to health care surveillance.

# NATIONAL HEALTH POLICY-2002

- A revised health policy for achieving better health care and unmet goals has been brought out by government of India- National Health Policy 2002.
- According to this revised policy, government and health professionals are obligated to render good health care to the society.
- Optimizing the use of health service to a large group rather than a small group is a foreseen event by the NHP 2002.
- Inclusion of social policies adds to the credit of the revised NHP 2002

# Objectives & Key Strategies of NHP 2002

- Primary Health Care Approach
- Decentralized public health system
- Convergence of all health programme under single field umbrella
- Strengthening and extending public health services
- Enhanced contribution of private and NGO sector in health care delivery.
- Increase in public spending for health care.

## POLICY PRESCRIPTIONS Or Key Components

1. Financial Resources
2. Equity
3. Delivery Of National Public Health Programs:
4. The state of public health infrastructure:
5. Extending public health services:
6. Role of local self- Government Institutions
7. Norms of Health care Professional: Indian Medical council Act and Indian Nursing Council Act
8. Education of Health care Professional
9. Need for specialists in 'Public Health' and 'Family Medicine'
10. Nursing personnel

11. Use of Generic drugs and

12. Urban health: Urban Community Health Centre

– **First Tier:-**Primary centre cover 1 Lakh population

❖ It functions as OPD facilities.

❖ It provides essential drugs.

❖ It will carry out national health programmes

- **Second Tier:-**

❖ General Hospital a referral to primary centre provides the care.

❖ The policy recommends a fully equipped hub-spoke trauma care network to reduce accident mortality.

13. Mental health:
14. Information Education and Communication: School children , and interpersonal communication by folk and traditional media to bring about behavioral change.
15. Health research
16. Role of private sector
17. Role of civil Society
18. National Disease Surveillance Network:
19. Health statistics:
20. Women's health:
21. Medical Ethics:

22.Enforcement of Quality Standards for food and Drugs

23.Regulation of standards in paramedical disciplines:

24. Environmental & Occupational Health:

25.Providing Medical Facilities to Users from Overseas  
(Health Tourism)

# National Health Policy 2017

- NHP-2017 also identifies seven priority areas for improving the environment for health. These priority areas needing coordinated action include:
  1. The Swachh Bharat Abhiyan
  2. Balanced, healthy diets and regular exercises.
  3. Addressing tobacco, alcohol and substance abuse
  4. Yatri Suraksha - preventing deaths due to rail and road traffic accidents
  5. Nirbhaya Nari -action against gender violence
  6. Reduced stress and improved safety in the work place
  7. Reducing indoor and outdoor air pollution



# Health Programme

## **Reproductive, Maternal, Neonatal, Child and Adolescent health**

- Janani Shishu Suraksha Karyakaram (JSSK)
- Rashtriya Kishor Swasthya Karyakram (RKSK)
- Rashtriya Bal Swasthya Karyakram (RBSK)
- Mission Indradhanush
- Janani Suraksha Yojana (JSY)
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)
- Navjaat Shishu Suraksha Karyakram (NSSK)
- National Programme for Family planning

## **National Nutritional Programmes**

- National Iodine Deficiency Disorders Control Programme
- MAA (Mothers' Absolute Affection) Programme for Infant and Young Child Feeding
- National Programme for Prevention and Control of Fluorosis (NPPCF)
- National Iron Plus Initiative for Anaemia Control
- National Vitamin A prophylaxis programme
- Integrated Child Development Services (ICDS)
- Mid-Day Meal Programme

## **Communicable diseases**

- Integrated Disease Surveillance Programme(IDSP)
- Revised National Tuberculosis Control Programme(RNTCP)
- National Leprosy Eradication Programme(NLEP)
- National Vector Borne Disease Control Programme
- National AIDS Control Programme(NACP)
- Pulse Polio Programme
- National Viral Hepatitis Control Program
- National Rabies Control Programme
- National Programme on Containment of Anti-Microbial Resistance (AMR)

## **Non-communicable diseases**

- National Tobacco Control Programme(NTCP)
- National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS)
- National Programme for Control Treatment of Occupational Diseases
- National Programme for Prevention and Control of Deafness (NPPCD)
- National Mental Health Programme
- National Programme for Control of Blindness& Visual impairment
- Pradhan Mantri National Dialysis Programme
- National Programme for the Health Care for the Elderly (NPHCE)
- National Programme for Prevention & Management of Burn Injuries (NPPMBI)

- **Health system strengthening programs**

- Ayushman Bharat Yojana

- Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)

- LaQshya' programme (Labour Room Quality Improvement Initiative)

- National Health Mission

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**THANK YOU**