

National health policy 2017: Can it lead to achievement of sustainable development goals?

Shailja Sharma¹, Mitasha Singh^{2*}, Ranabir Pal², Rajesh Ranjan², Shrayan Pal³ and Amrita Ghosh⁴

¹Regional Health and Family Welfare Centre, Kangra at Chheb, Himachal Pradesh, India, ²Department of Community Medicine, ESIC Medical College and Hospital, New Industrial Township 3A, Faridabad, Haryana, India, ³Department of Medicine, Beliaghata I.D and B.G. Hospital, Beliaghata Main Road, Beliaghata, Kolkata, West Bengal, India and ⁴Department of Biochemistry, Institute of Neurosciences Kolkata, A.J.C. Bose Road, Kolkata, West Bengal, India

Abstract: Sustainable Development Goals (SDGs) benefited through the valuable lessons learned from Millennium Development Goals (MDGs) by forwarding the unfinished agenda of MDGs from 2015 onwards. India has also made tremendous improvements during implementations in concurrence with the MDGs, yet lacks in various fields. In 2017 National Health Policy (NHP 2017) was launched by Government of India (GOI) replacing National Health Policy 2002. There is much positive step forward in NHP 2017, but in combination with inadequacies regarding approaches to many key objectives necessary policy corollaries are much needed; otherwise many goals will remain unattainable. This new health policy will help keep improving the maternal and child health but still is unspecific about 'Health as a fundamental right' and many burning issues including, the emerging problems of non communicable diseases (NCD), violence on women, sanitation and most importantly ignoring the dire need of long term financial vision of primary health care as well as public health sector in the country.

Keywords: India, Health policy, Achieve, SDG.

Prologue

In the fall of 2015, the headquarters of the United Nations in New York, amid celebrations of the seventieth anniversary of the organization, adopted a historic set of 17 goals and 169 targets called the Sustainable Development Goals (SDG) [1]. Building upon the Millennium Development Goals (MDG), these new set of goals are directed to show the way forward. They are committed to achieve sustainable development of the civilization in three dimensions i.e. economic, social and environmental in a balanced and an integrated manner. The SDGs are integrated and indivisible, global in nature and universally applicable [2]. The Governments world over are expected to set their own national policies containing their dedicated priorities, resources and targets, being guided by the SDGs yet keeping national circumstances in view.

India as the world's third largest economy, has witnessed substantial overall improvement during the MDG era, however the achievements fell

short of the desired outcomes in many spheres [3]. Therefore to show the way forward the National health policy (NHP) needed to be revised after an interval of 15 years [4]. Against a back drop of inequities in health sector and a transition from combating only communicable diseases to the newly emerging challenges of the NCDs, road traffic accidents and nutritional deficiencies, the NHP recognizes the importance of the SDGs [5].

Health related Goals (SDG)

Goal 3:

The main goal for health in the SDGs is Goal 3, ensuring healthy lives and promoting well-being for all age groups. The first target is to reduce 'Maternal Mortality Ratio (MMR)' to less than 70 per lack live births. India has seen a decrease by three quarters between 1990 and 2015 [1]. From the baseline of 556 in 1990 MMR had reduced to 162 per lack live births [6]. The new policy of the country aims to achieve a target of 100 by the year 2020. The

policy will enhance provisions for reproductive morbidity, besides ensuring free, comprehensive primary care services for all aspects of reproductive maternal and child health. The policy intends to sustain antenatal coverage at 90 percent and skilled attendance of birth above 90 percent [4]. The second target of this goal intends to end preventable deaths of newborns and children under five years of age by 2030 with all countries aiming to reduce neonatal mortality to as low as 12 per 1000 live births and under 5 to 25 [1]. The NHP intends to reduce the under five mortality to 23, neonatal mortality to 16 and still birth to single digit numbers. The policy ensures complete immunization for more than 90 percent of newborns [4].

This goal also targets to end the epidemics of HIV/TB/Malaria, neglected tropical diseases and to combat hepatitis, waterborne and other communicable diseases [1]. The NHP has a target to achieve and maintain the cure rate of more than 85 percent in new sputum positive cases of TB and reach elimination by the year 2025. For HIV the target of 90:90:90 will be achieved by 2020. Achieving elimination of Leprosy by 2018, Kala Azar by 2017 and Lymphatic Filariasis by 2017 is targeted [4]. Premature morbidity which is targeted to reduce morbidity by two third till 2030 in the SDGs will be brought down to 25 percent by 2025, according to the NHP [1, 4].

An integrated approach will be adopted; where in screening for the most prominent NCDs along with secondary prevention would be emphasized upon. This has been promised to be incorporated into the primary health care network with linkages to specialists' consultations and follow up at the primary level [4]. To promote mental health the provision under the National Mental Health Policy will be adopted. Community members will be motivated to provide psychosocial support besides creating more specialists in this field. Digital technology will be used to provide services where psychiatrists are not available [4].

Substance abuse including narcotic drug abuse and harmful use of alcohol as well as reduction of deaths in road traffic accidents through *Yatri Suraksha* has been addressed in the seven priority areas of the policy for improving environmental health [4]. To ensure universal access to sexual

and reproductive health by 2030, the NHP ensures availability of free comprehensive primary care services for all aspects i.e. reproductive, maternal, child and adolescent health, where adolescent and sexual health will be expanded to include nutrition, psychosocial problems and problems associated with misuse of technology [4]. To achieve financial risk protection and access to quality health care and safe and effective medicines and vaccines, the NHP in India aims to align the government financed health insurance schemes to cover selected benefit packages of secondary and tertiary services. The NHP advocates building of a strong and transparent drug purchase policy, facilitating a low cost pharmacy chain like *Jan Aushadhi* stores, ensuring prescription of generic medicines, rationalizing drug regulatory system, promoting research and development in the pharmaceutical industry and manufacturing new vaccines. The policy recommends uninterrupted supply of good quality vaccines. It intends upgrading anti-sera and vaccine manufacturing units in the public sector so as to increase their manufacturing capacity [4].

To reduce the number of deaths and illnesses from hazardous chemicals and air and water pollution, the NHP intends to levy pollution cess. Reduction of indoor pollution and outdoor pollution is one of the seven priority areas to improve environment for health [4].

Goal 5:

Goal 5 aspires to achieve gender equality and empower all women and girls. The target is to end all forms of discrimination, violence, including trafficking, sexual and other types of exploitation. Practices such as child and forced marriages, genital mutilation are also taken cognizance of. The goal aims towards social protection policies, shared responsibilities in the household, effective participation of women and equal opportunities for leadership in political, economic and public life. The last target ensures universal access to sexual and reproductive health and reproductive rights [1]. The National Health Policy advocates making public hospitals more women friendly

with the staff deployed in the hospital being more gender sensitive [4].

Nirbhaya Nari is the next move towards safety of women against gender based violence [7]. The policy recommends that survivors/victims of gender based violence be provided free care with dignity in private and the public sector [4].

Goal 6:

Goal 6 ensures availability and sustainable management of water and sanitation for all. The target is to achieve universal and equitable health access for safe drinking water by 2030, adequate

equitable sanitation and hygiene for all, end open defecation with emphasis on special needs of women and girls, eliminate pollution of water sources, efficient use of water, trans boundary cooperation to implement integrated water management and to protect and restore water related eco system [1]. The NHP lays great emphasis on the *Swachh Bharat Abhiyaan* which works towards keeping our surroundings clean and ending open air defecation. The policy advocates provision of access to safe water and sanitation for all by 2020 [4].

Table-1: Sustainable Development Goals in relation to National Health Policy 2017	
Sustainable Development Goals	National Health Policy
<p>GOAL 3: Ensure healthy lives and promote well being for all ages</p> <ol style="list-style-type: none"> 1. By 2030 reduce the global maternity mortality ratio to less than 70 per 100000 live births 2. By 2030 end preventable deaths of newborns and children under 5 years of age with all countries aiming to reduce neonatal mortality to atleast as low as 12 per 1000 live births and under 5 mortality to at least as low as 25 per live births 3. By 2030 end the epidemics of AIDS, Tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water borne diseases and other communicable diseases 4. By 2030 reduce by one third premature mortality from non communicable diseases through prevention and treatment and promote mental health and well being 5. Strengthen the prevention and treatment of substance abuse including narcotic drug abuse and harmful use of alcohol 6. By 2020 halve the number of global deaths and injuries from road traffic accidents 7. By 2030 ensure universal access to sexual and reproductive health care services including for family planning information and education and integration of reproductive health into national strategies and programmes 8. Achieve universal health coverage including financial risk protection, access to quality essential health care services and access to safe effective quality and affordable essential medicines and vaccines for all 9. By 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air water and soil pollution and contamination 	<ul style="list-style-type: none"> • Aims to reduce MMR to 100 by 2020 • 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 and still birth rate to “single digit” by 2025 • Achieve global target of 2020 which is also termed as target of 90:90:90, for HIV/AIDS • To achieve and maintain a cure rate of >85% in new sputum positive TB patients & reduce incidence of new cases, to reach elimination status by 2025. • Achieve and maintain elimination status of Leprosy by 2018, Kala-Azar by 2017 and Lymphatic Filariasis in endemic pockets by 2017. • To reduce premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 25% by 2025. • This policy will support an <i>integrated approach</i> where screening for the most prevalent NCDs with secondary prevention policy will take into consideration the provisions of the National Mental Health Policy 2014 • Emphasis on creation of specialists, Creating network of community members to provide psycho-social support, Leverage digital technology in a context where access to qualified psychiatrists is difficult • One of the seven priority areas for improving environmental health is <i>Addressing tobacco, alcohol and substance abuse</i> • Another of the seven priority areas is <i>Yatri</i>

	<p><i>Suraksha</i>-preventing deaths due to rail and road traffic accidents</p> <ul style="list-style-type: none"> • Availability of free, comprehensive primary health care services, for all aspects of reproductive, maternal, child and adolescent health • Adolescent and sexual health education • The scope of Reproductive and Sexual Health to be expanded to address issues like inadequate calorie intake, nutrition status and psychological problems interalia linked to misuse of technology, etc. • Intends to meet need of family planning above 90% at national and sub national level by 2025. • The existing Government financed health insurance schemes shall be aligned to cover selected benefit package of secondary and tertiary care services purchased from public,not-for-profit & private sector • Build a strong and transparent drug purchase policy • Facilitating spread of low cost pharmacy chain e.g. Jan Aushadhi stores • Ensuring prescription of generic medicines • Strengthening and rationalizing drug regulatory system • Promotion of research and development in pharmaceutical field • Commissioning more research and development for manufacturing new vaccines, including against locally prevalent diseases • Uninterrupted supply of quality vaccines, developing innovative financing and creating assured supply mechanisms with built in flexibility. Units such as the integrated vaccine complex at Chengalpattu would be set up and vaccine, anti-sera manufacturing units in the public sector upgraded with increase in their installed capacity. • Levying pollution cess • The policy identifies seven priority areas for coordinated action for improving environment for health. One of them being reduction of indoor and outdoor pollution
<p>GOAL 5: Achieve gender equality and empower all women and girls</p> <ol style="list-style-type: none"> 1. End all forms of discrimination against all women and girls everywhere 2. Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation 3. Eliminate all harmful practices such as child,early and forced marriage and female genital mutilation 4. Recognise and value unpaid care and domestic work 	<ul style="list-style-type: none"> • <i>Nirbhaya Nari</i>-action against gender violence • Making public hospitals more women friendly and ensuring that the staff have orientation to gender –sensitivity issues • recommends that the health care to the survivors/ victims of GBV need to be provided free and with dignity in the public and private sector

<p>through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate</p> <ol style="list-style-type: none"> 5. Ensure women’s full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic and public life 6. Ensure universal access to sexual and reproductive health and reproductive rights 	
<p>GOAL 6 : Ensure availability and sustainable management of water and sanitation for all</p> <ol style="list-style-type: none"> 1. By 2030 achieve universal and equitable access to safe and affordable drinking water for all 2. By 2030 achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations 3. By 2030 improve water quality by reducing pollution eliminating ,dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated waste water and substantially increasing recycling and safe reuse globally 4. By 2030 substantially increase water use efficiency across all sectors and ensure sustainable withdrawals and supply of fresh water to address water scarcity and reduce the number of people suffering from water scarcity 5. By 2030 implement integrated water resources management at all levels including through trans-boundary cooperation as appropriate 6. By 2020 protect and restore water related ecosystems including mountains ,forests, wetlands, rivers, aquifers and lakes 	<ul style="list-style-type: none"> • The <i>Swachh Bharat Abhiyan</i> • Access to safe water and sanitation to all by 2020

The challenges ahead

Health financing being neglected: Considering the budget allocation made by the Government of India for the health sector, the targets mentioned in the NHP seem overambitious. The expenditure for health in India is one of the lowest in the world at 1.4% of the Gross Domestic Product (GDP). The NHP-2017 aims to increase this to about 2.5%, which again is much less than the required 5-6%. The money allocated for health in the Union Budget 2017, is nowhere near to achieving the target of even 2.5%. Several countries in the South East Asian region are spending a higher share of their GDP towards health. Sri Lanka is spending 3.25% of their GDP on health, Bangladesh spends 3.7% where as Pakistan is presently spending 2.8% of its GDP on health [8].

Need to relook our strategies to reduce maternal and child mortality: The aim to bring down the under five mortality rate to the required levels, five years prior to the goal set by the SDG, to reduce the MMR to 100 by 2020 and to reduce the global goal of 90:90:90 for HIV by 2020 (which the SDGs talk of ending by 2030) are certainly very encouraging. However, the health policy relies on the same strategies of ‘*Janani Suraksha Yojana*’ and ‘*Janani Shishu Suraksha Karyakram*’ for the reduction of maternal and neonatal mortality. Increase in institutional deliveries is only an indirect indicator of decreased maternal deaths. The implementation of *Janani Suraksha Yojana* has led to an increased proportion of safe deliveries from 1999-2010 annually, at twice the rate in the rural areas of poorer compared to richer states (8% versus 4%) [9-10].

However the complete system of persuading a pregnant female to an institution by ASHA for delivery and further the cash transfer is a complex process. The National Family and Health Survey-4 reports 79.8% of institutional deliveries in country [11]. Home deliveries are a matter of concern but the delayed identification of high risk conditions leading to maternal death, delay in reaching the correct health facility for timely action and the delay in managing a complication after reaching the appropriate health facility, are responsible for the high proportion of maternal deaths [12]. Moreover motivating pregnant female for institutional deliveries in various pockets of country is associated with various social concerns. It is high time to recognize the social determinants and tailor them in all the components of the policy.

Another target of reducing under five mortality ahead of time can only be achieved when the infant mortality or more specifically neonatal mortality rate is reduced. Infant mortality rate decreased from 53 per thousand live births in 2008 to 40 per thousand live births in 2013 [13]. The under five mortality rate for country reduced from 55 per thousand live births in 2011 to 29 in 2015 [14]. Neo-natal deaths account for 56% of Under-5 deaths in India which is much higher than the global average of 44%. The progress in reduction of neo-natal mortality has been slow in our country. Also the neo natal mortality rates have reduced by only three points in two years (from 31 in 2011 to 28 per thousand live births 2013); thus indicating that it is the most challenging task to reduce this mortality [15]. Low birth weight has been identified as one of the most common cause of neo natal mortality. However another important contributor to this mortality is the shortcomings in the health delivery system of the country. Improving India's health system functioning is vital not just for reducing under-five mortality, but also for addressing other health priorities [16].

Over reliance on private sector: The private sector in the country provides 70% of the health care services, most of which are secondary and tertiary care [17]. Whereas on one hand the NHP aims to improve the use of public health system in the country by 50% of current levels by the year 2025, at the same time, the government intends to hire services of the private sector,

albeit as a stop gap arrangement. This involvement of the private sector would be for secondary and tertiary care services, besides involving them in providing immunization services, disease surveillance, tissue and organ transplantations and purchase of medical devices from indigenous firms [4]. Such an arrangement raises a question on the quality of services which the private providers would render in the public sector, when their personal interests would lie in their own private concerns. The financial burden on the already starved resources is another matter of concern, as this money can be better utilized in strengthening the public sector infrastructure.

Moreover most of the targets enlisted in the policy can be better achieved by strengthening the primary care services of the country. Countries such as Chile, Brazil and Thailand have shifted focus from hospital centric care to primary care in their efforts to achieve universal health care [18].

Uniform health insurance system for the country is the need of the hour: Another major concern for the country has been the exorbitant Out of pocket expenses for health care with 80% of the expenses being borne by the people. The exorbitant rates of health expenditure which are increasing at a faster rate than the income; leads to impoverishment of many when disease strikes. Health insurance in the country is available to only 10% of the people [19]. Insurance is either available to the state or the central government employees or those being covered by the Employees State insurance act. In order to provide insurance to poor families, the government has launched the *Rashtriya Suraksha Bima Yojana* (RSBY) since 2008 for the below poverty line (BPL) families. The scheme provides cashless treatment for the beneficiary with the help of a smart card up to Rs 30,000/ in one year [20].

The problem is that the facility is only provided for indoor patients; hence the outpatient department patients still have to bear the expenses out of their own pocket. The scheme covers all public health institutes, which generally lack infrastructure and human

resources; hence the quality of services is compromised. With the expansion of the scheme country wide, the increasing burden of expenditure is to be tackled only with the single source of income, namely taxes. The record of the BPL families being registered under the scheme needs to be updated regularly, so as to include all deserving families. A similar scheme, the Rajiv Arogyasari scheme also provides a cover of two lakhs to BPL families and services are sought from empanelled private hospitals besides all public health facilities. The policy intends to further scale up these schemes to make them more effective and encourage the enrollment of many corporate hospitals under the scheme. A large portion of the financial resources is spent in paying for the premium to the private service providers [21]. The services that are being insured are again secondary and tertiary care whereas primary care is not addressed. A large sum of money is spent on paying the premium and reimbursement money to the insurance providers and the beneficiaries respectively.

The new commitments: In order to provide safe water and sanitation by 2020, ensure women safety (*Nirbhaya Nari*) on the roads and in the hospitals and address issues like alcohol, tobacco and drug abuse, a detailed blue print with specific activities needs to be drawn. To prevent these goals from becoming sheer rhetoric, inter sectoral coordination and community participation need to be incorporated into the plan.

Conclusion

The NHP 2017 emphasizes on shifting from selective health care to comprehensive health care at the health and wellness centers, which will provide geriatric health care, palliative healthcare and rehabilitative care services. A road map to improving the health services of the country the policy definitely seems committed to steering the health services towards achieving sustainable development. However a strong political will along with adequate financial and human resources are indispensable to reach the desired results.

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Cite this article as: Sharma S, Singh M, Pal R, Ranjan R, Pal S and Ghosh A. National health policy 2017: Can it lead to achievement of sustainable development goals?. *Al Ameen J Med Sci* 2018; 11(1):4-11.

*All correspondences to: Dr. Mitasha Singh, Assistant Professor, Department of Community Medicine, ESIC Medical College and Hospital, New Industrial Township 3A, Faridabad-121001, Haryana, India. E-mail: mitasha.17@gmail.com