

Editorial

National Health Policy 2015

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Health is the fundamental human right. This implies that the nation has the responsibility for the health of its people. National Government all over the world are striving to expand and improve their health care services thus enabling to promote the health status of the people. India today possess sophisticated arsenals of interventions, technologies and knowledge for providing health care for the people. But, there exists a gap in health outcomes due to ill-health disease, disasters and suffering. The need of the health care system is to deliver accessible, affordable and effective health care for all.

The joint WHO-UNICEF international conference in 1978 at Alma Ata urged all government to formulate National Health Policy (NHP) and to promote Primary Health Care as part of National Health System to attain the goal of Health for all by 2000AD.

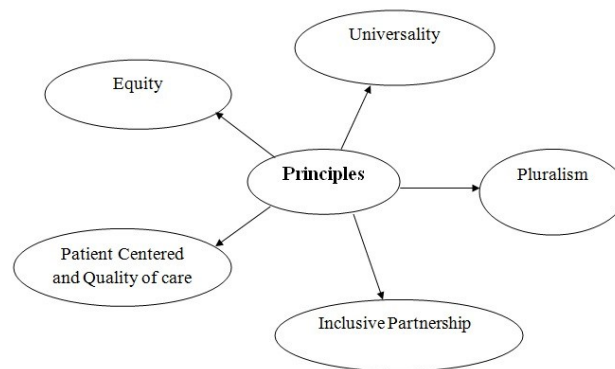
India developed its first NHP in 1983 that is 36 years after independence. Since then a significant changes has taken place in health care sectors. The NHP was revised in 2002 to achieve an acceptable standard of good health among the population of the country. Then various specific goals were set to achieve by 2005, 2007 and 2010. A new NHP was formulated in 2015 focusing on new targets to be achieved based on the emerging and remerging diseases.

GOALS

For the implementation of the policy goals were set as mentioned below:-

- The attainment of the highest possible level of good health and well being through preventive and promotive health care orientation in all development polices and universal access to good Quality health care services without anyone having to face financial hardship as a consequence.

Fig 1: Principles of NHP



OBJECTIVES

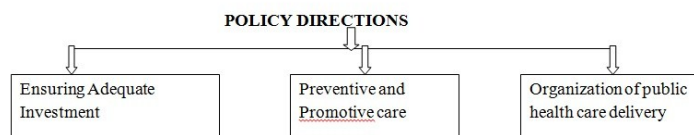
To achieve the set goals and implementation of the program various objectives were laid as follows:-

1. Improve population health status through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided by the public health sector.
2. Achieve a significant reduction in out of pocket expenditure due to health care costs and reduction in proportion of households experiencing catastrophic health expenditures and consequent impoverishment.
3. Assure universal availability of free comprehensive primary health care services, as an entitlement for all aspects of reproductive, maternal, child and adolescent health and for the most prevalent communicable and non-communicable diseases in the population.
4. Enables universal access to free essential drugs diagnostics emergency ambulance services and emergency medical and surgical care services in public health facilities, so as to enhance the financial protection role of public facilities for all sections of the population.

5. Ensure improved access and affordability of secondary and tertiary care services through a combination of public hospitals and strategic purchasing of services from the private health sector.
6. Influence the growth of the private health care industry and medical technologies to ensure alignment with public health goals and enables contribution to making health care systems more effective, efficient, rational safe, affordable and ethical.

POLICY DIRECTION

The NHP need to be focus on certain direction for the attainment of the set goals and objectives. The policy focus on three main areas as follows:



A. Ensuring Adequate Investment:- The NHP accepts and endorses the understanding that a full achievement of the goals and principles as defined would require an increased public health expenditure from 4 to 5% of GDP. The policy proposes a potentially achievable target of raising public health expenditure to 25% of the GDP. It also notes that 40% of this would need to come from central expenditures.

The major source of financing would remain general taxation. The government would explore that creation of a health cess on the lines of the education cess for raising the necessary resources. Other than general taxation, this cess could mobilize contributions from specific commodity taxes-such as the taxes on tobacco, and alcohol from specific industries and innovation forms of resources mobilization.

Corporate social responsibility has now been made mandatory and this avenue should be maximally leveraged. Though actual CSR flows to health care may be modest in comparison to needs which could be leveraged for well focused programmes on communities or geographies with special levels of vulnerability which require special attentions.

B. Preventive and Promotive Health:- The NHP is based on the goal of HFA for the attainment of highest level of health and absence of disease or disability. To realize this vision, the policy mandates the ministry of health and family welfare to provide a road map for a series of coordinated policy initiatives and

practice actions to be implemented across all sectors. It should be the aspirations of the nations to be committed to improve the health and well being of its citizens. All sectors need to be convinced that preventive and promotive health care approaches are not only a health gain, but a first order economic gain. Individuals and families need to take active partnership to prevent disease and promote good health at their own levels.

Health being a multidimensional and determined factor it is clear that a preventive agenda will address to the social and economic environment that requires a cross-sectoral, multilevel intervention that involves sectors such as food and nutrition education, safe drinking water and sanitation, housing, employment, industrial and occupational safety. Welfare including social protection, families and community services, tribal affairs and communications. NHP identifies coordinated action on seven priority areas, for improving the environment for health with measurable achievements through well thought out and financed institutional mechanism. These include:-

- The Swatch Bharath Abhiyan
- Balanced and Healthy diets
- Addressing Tobacco, Alcohol and Substance abuse (Nasha Mukti Abhiyan)
- Yatri Suraksha
- Nirbhaya Nari
- Reducing stress and improved safety in the work place.
- Reducing indoor and outdoor air pollution

The policy articulates the need for the development of strategies and institutional mechanism and need to synergize individual and family level actions, with social movements. Health in all approach could be popularized as a Swasth Nagarik Abhiyan – a social movement for health.

C. Organization of Public Health Care Delivery:-

Public health care delivery is the prime concern of government to promote health of the citizens. To fulfill this seven focus areas are mentions as follows:

- Primary Care
- Secondary and Tertiary Care
- Public Hospitals
- Infrastructure and Human Resource Development
- Urban Health
- National Health Programmes
- Ayush Services

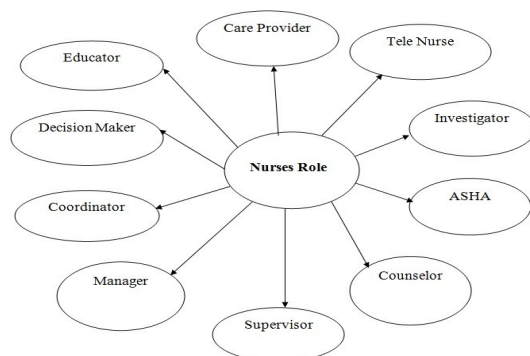
Public health system is a three tier delivery where comprehensive health care is rendered to the consumers. Government had undertaken various health care programmes focusing on preventive and promotive health care for the consumers. Government had strategies under National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) setting up targets to health care in urban and rural areas of India.

ROLE OF NURSE

Nurses play a multidimensional role in partnering the delivery of NHP. Nurses in all areas of practice will become involved in the provision of information for health and well being by assisting and providing preventive and promotive care to individuals, families and communities.

Nurses are taking active role in decision making and applying use of Evidence Based Practices (EBP). Nurses provide care throughout the life span of an individual and has tremendous role to be provided especially to vulnerable groups like women and children including geriatric clients.

Fig 2 Role of Nurse



CONCLUSION

NHP aims to focusing on strategies to promote health care for the people by setting up various missions and goals. The past policies has faced many constrains in implementation. We need to be partners in delivering the mission by restructuring of institutions for better governance and management at National, State and District levels and for better accountability between centre, State and Peripheral level in health care sectors.

Reference

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