NHP Reviews : A Brief Note

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1 INTRODUCTION

A statement on National Health Policy (NHP) was tabled in the Indian Parliament by the Minister of Health on November 1, 1982. The policy was influenced by the Alma Ata Declaration of September 1978 and the Prime Minister's Revised Twenty Point Programme. The NHP starts with a short statement highlighting the progress made towards promotion of health since independence. It then talks of the existing gloomy picture of high population growth rates, high mortality rates among women and children, high IMR and generally high incidence of communicable diseases, blindness, leprosy and TB. Less than a third of the population at that time had access to potable water supply and much less enjoyed basic sanitation. Only a third of deliveries were conducted by trained birth attendants.

The policy blames our adoption of western models of curative services and health manpower development policies which are not appropriate to our needs. The policy points out that the above approach has led to the neglect of preventive, promotive and public health aspects. It increased the dependency of the community on the fragile health system.

The weakening of the community's capacity to cope with its problems goes against the basic tenet of primary health care. The document then goes on to say that

> "the contours of the National Health Policy have to be evolved within a fully integrated planning framework which seeks to provide universal comprehensive primary health care services , relevant to the actual needs and priorities of the community at a cost which the people can afford, ensuring that the planning and implementation of the various health programmes is through the organised involvement and participation of the community, adequately utilizing the services being rendered by private voluntary organisations active in the health sector".

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This one long sentence provides interesting scope for review of experiences over a decade of NHP implementation. This experience is neither completely sunny nor fully gloomy. A fair amount of progress has been made in increasing the availability of health facilities in rural areas over the last 10 years but still a lot more remains to be done. Every project initiated over the last 10 years reflects the basic thrust of that one long NHP sentence.

2 MEDICAL CARE VS HEALTH CARE

Did we neglect health care because of our emphasis on curative care? Perhaps not. There is no competition between the two. Medical care largely involves creation and running of health services. Health care, on the other hand, includes food, clothing, water, sanitation and environment. All these are the responsibilities of various other departments over which the health department has very little influence. We need to look at the feasibility of such interventions. " To put an end to the all-round unsatisfactory situation", the NHP makes a number of recommendations for restructuring health services. (Annexure-1)

3 COMPLEMENTARY ACTIONS

The NHP recommends formulation of a National Population Policy and a National Medical and Health Education Policy, separately. The document lists 8 specific complementary areas which require urgent attention . (Annexure-2)

The policy also calls for promotion of universal education and introduction of public health topics in all educational institutions at various levels. The document warns that approach to health care should not be a collection of disparate health interventions but instead should have an intergrated package of services to address " the entire range of poor health conditions on a broad front.....". The NHP explicitly states that, in the provision of primary health care, "organised efforts have to be made to fully utilize and assist in the enlargement of services being provided by private voluntary organisations active in the health field". This emphasis includes expanding the coverage of existing organisations and encouraging growth of new ones, especially in rural areas and urban slums.

There is also a need to relate national health objectives and programmes with those of voluntary organisations working

outside the health sector, but greatly influencing the health status of people. To provide technical and financial support to smaller agencies, an intermediate independent organisation may be necessary. Procedures for release of grants and other support have to be simpler and more liberal.

4 POLICY - PROGRAMME - PROJECT

A policy is a general statement of intent, but is often identified by its effect rather than its intent. Policy statements are expected to guide allocation of resources, give directions for action and instruments necessary to achieve desired objectives. The process by which policies are formulated and suggested is one aspect of intent. The other is the programme thrust and the project activities for which policy-makers are responsible. Programming starts with a situation analysis with respect to epidemiology, public health problems, existing services, institutions and resources. This will help to identify priority health or health-related problems and broad lines of action. This is followed by specific activities needed, their coverage, targets, timing etc., so that necessary resources can be estimated and allocated.

The policy, the programmes and various projects are all linked to each other. For example, the Area Development Projects are derived from the Model Plan which, in turn, is an expression of the policy thrust in increasing accessibility of service centres. This linkage needs further strengthening.

5 WHAT CAN BE DONE

A policy statement should also include the 'how' part in broad terms. Specific details can be worked out later, in conformity with the policy guidelines. At the end of about a decade of NHP implementation, there is need to reflect on our experiences and the current state of health indicators of people and organisations and to develop a framework for updating the policy.

Specific areas for study to be conducted by Task Forces appointed for this purpose may be identified. These may be short studies to suggest policy options, all of which can be coordinated and deliberated upon by a larger body.

Annexure-I

The national Health Policy recommends that restructuring in the health services along the following lines would be urgently necessary to :

1 Provide a wide network of family health care services with support from the community, volunteers and other trained paramedical staff.

2 Skill building and transfer of knowledge to health volunteers and the community. Building individual self-reliance and effective community participation.

3 Develop a good referral system.

4 Establish a network of sanitary-cum-epidemiological centres.

5 Increase investment by non-governmental agencies to establish curative centres.

6 Establish centres of speciality and super-speciality services.

7 Mental health and medical care facilities and care for physically disabled.

8 Priority to be given to tribals and other people living in backward areas.

Annexure-2

Complementary Areas requiring urgent attention:

1 Nutrition.

2 Prevention of food adulteration and maintenance of quality of drugs.

3 Water supply and sanitation.

4 Environmental Protection.

5 Immunisation Programme.

6 MCH Services.

7 School Health Programme.

8 Occupational health service.