



## **Government of Tamilnadu**

### **Department of Employment and Training**

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Topic : Government Policy on Health

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**Commissioner,**

**Department of Employment and Training.**



# GOVERNMENT POLICY ON HEALTH

## Introduction:

The Constitution of India makes health in India the responsibility of state governments, rather than the central federal government. It makes every state responsible for “raising the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties”.

The National Health Policy was endorsed by the Parliament of India in 1983 and updated in 2002. There are great inequalities in health between states. Infant mortality in Kerala is 12 per thousand live births, but in Assam it is 56.

## Malnutrition

- According to a 2005 report, 60% of India's children below the age of three were malnourished, which was greater than the statistics of sub-Saharan African region of 28%.
- It is considered that one in every three malnourished children in the world lives in India.
- The estimates varies within the country. It is estimated that Madhya Pradesh is having the highest rate of 50% and Kerala the lowest with 27%.
- Although India's economy grew 55% from 2001–2006, its child-malnutrition rate only dropped 1%, lagging behind countries of similar growth rate.
- Malnutrition can be described as the unhealthy condition that results from not eating enough healthy food.

## Aim:

- Attainment of the highest possible level of good health.
- Improve population health status through concerted policy action.
- Expand preventive, promotive, curative, palliative and rehabilitative services.
- Assure universal availability of free, comprehensive primary health care services.

## **National Health policies, 2002**

### **Objectives:**

- To achieve an acceptable standard of good health amongst the general population of the country.
- To increase access to the decentralizing public health system by establishing new infrastructure in deficient areas and, by upgrading the infrastructure in existing institutions.
- To ensuring a more equitable access to health services across the social and geographical expanse of the country.
- To enhance the contribution of the private sector in providing health service for the population group which can afford to pay for services.
- To increase the aggregate public health investment through a substantially increased by the central government.
- To strengthen the capacity of the public health administration at the state level

### **Goals to be achieved**

- Enactment of legislation for regulating minimum standard in clinical Establishment / Medical institution 2005
- Eradication of Polio & Yaws
- Elimination of Leprosy
- Increase State Sector health spending from 5.5% to 7% of the budget.
- Establishment of an integrated system of surveillance, National Health Accounts and Health Statistics
- 1% of the total budget for Medical Research.

### **The Draft National Health Policy 2015**

The policy is a first step in achieving universal health coverage by advocating health as a fundamental right, whose denial will be justiciable. It makes a strong case for moving towards universal access to affordable healthcare services. The draft National Health Policy, 2015 has proposed a target of raising public health expenditure to 2.5 percent from the present 1.2 percent of GDP. It also notes that 40 percent of this would need to come from central expenditure.

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The new policy is being introduced almost 13 years after the last health policy was drafted. As per the draft document, government plans to rely mostly on general taxation for financing health care expenditure. It said, with the projection of a promising economic.

Growth, the fiscal capacity to provide this level of financing should become available. The government is also keen to explore the creation of a health cess on the lines of education cess for raising money needed to fund the expenditure it would entail.

### **National Health Mission**

- Launched in 2005
- In May 2013, the UPA government had launched National Urban Health Mission, which was later integrated into National Rural Health Mission (2005) and a new National Health Mission was created from 2014-15. Both NUHM and NRHM are now two of six components of NHM. The six components of National Health Mission
- National Rural Health Mission (now called NRHM-RCH Flexipool
- National Urban Health Mission Flexipool for population above 50000
- Flexible pool for Communicable disease
- Flexible pool for Non communicable disease including Injury and Trauma
- Infrastructure Maintenance

### **National Rural Health Mission**

- Launched in April 2005
- The mission has a special focus on 18 states Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Himachal Pradesh, Jharkhand, Jammu and Kashmir, Manipur, Mizoram, Meghalaya, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Sikkim, Tripura, Uttarakhand and Uttar Pradesh.
- The major functions under this sub-mission is to provide Reproductive, Maternal, Newborn, Child Health and Adolescent (RMNCH+A) Services to the rural deprived people through its network of ASHA, ANMs and AWWs.
- NRHM, also called NRHM-RCH Flexipool is one of the components of NHM and is for all towns and villages below population of 50,000. Under this mission,

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government seeks to provide accessible, affordable and quality healthcare to rural population.

### **National Urban Health Mission (NUHM)**

- Launched in 2013
- The continuation of the National Rural Health Mission (NRHM) and the other sub-mission under NHM till 31.3.2017.

### **Under the Scheme the following proposals have been approved:**

- One Urban Primary Health Centre (U-PHC) for every fifty to sixty thousand population.
- One Urban Community Health Centre (U-CHC) for five to six U-PHCs in big cities.
- One Auxiliary Nursing Midwives (ANM) for 10,000 population.
- One Accredited Social Health Activist ASHA (community link worker) for 200 to 500 households.
- NUHM would cover all state capitals, district headquarters and other cities/towns with a population of 50,000 and above (as per census 2011) in a phased manner.
- Cities and towns with population below 50,000 will be covered under NRHM

### **Some of the major initiatives under National Health Mission (NHM) are as follows:**

- Accredited Social Health Activist (ASHA)
- Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Society
- Union Grants to Sub-Centers have been used to fund grass-root improvements in health care
- Janani Suraksha Yojana (JSY)
- National Mobile Medical Units (NMMUs)

### **Questions:**

1. Write a note on National Health Mission.