The National Health Policy, 2017 (NHP, 2017) seeks to reach everyone in a comprehensive integrated way to move towards wellness. It aims at achieving universal health coverage and delivering quality health care services to all at affordable cost.

Objectives

Improve health status through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with focus on quality.

Quantitative Goals

- Increase Life Expectancy at birth from 67.5 to 70 by 2025.
- Establish regular tracking of Disability Adjusted Life Years (DALY) Index as a measure of burden of disease and its trends by major categories by 2022.
- Reduction of TFR to 2.1 at national and sub-national level by 2025.
- 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, i.e., - 90% of all people living with HIV know their HIV status, - 90% of all people diagnosed with HIV infection receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy will have viral suppression.
- To achieve and maintain a cure rate of >85% in new sputum positive patients for TB and reduce incidence of new cases, to reach elimination status by 2025.
- To reduce the prevalence of blindness to 0.25/1000 by 2025 and disease burden by one third from current levels.
- To reduce premature mortality from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases by 25% by 2025.
- Increase utilization of public health facilities by 50% from current levels by 2025.
- Antenatal care coverage to be sustained above 90% and skilled attendance at birth above 90% by 2025.
- More than 90% of the newborn are fully immunized by one year of age by 2025.
- Meet need of family planning above 90% at national and sub national level by 2025.
- 80% of known hypertensive and diabetic individuals at household level maintain “controlled disease status” by 2025.
- Relative reduction in prevalence of current tobacco use by 15% by 2020 and 30% by 2025.
• Reduction of 40% in prevalence of stunting of under-five children by 2025.

• Access to safe water and sanitation to all by 2020 (Swachh Bharat Mission).

• Reduction of occupational injury by half from current levels of 334 per lakh agricultural workers by 2020.

• Increase health expenditure by Government as a percentage of GDP from the existing 1.15% to 2.5% by 2025.

• Increase State sector health spending to > 8% of their budget by 2020.

• Decrease in proportion of households facing catastrophic health expenditure from the current levels by 25%, by 2025.

• Ensure availability of paramedics and doctors as per Indian Public Health Standard (IPHS) norm in high priority districts by 2020.

• Increase community health volunteers to population ratio as per IPHS norm, in high priority districts by 2025.

• Establish primary and secondary care facility as per norms in high priority districts (population as well as time to reach norms) by 2025.

• Ensure district-level electronic database of information on health system components by 2020.

• Strengthen the health surveillance system and establish registries for diseases of public health importance by 2020.

• Establish federated integrated health information architecture, Health Information Exchanges and National Health Information Network by 2025.

• Ensuring Adequate Investment - The policy proposes a potentially achievable target of raising public health expenditure to 2.5% of the GDP in a time bound manner.

Problems of Indian medical system:

Ailing Public health sector: meagre healthcare budget, overcrowding, long waiting time and the need for multiple visits for investigations and consultations frustrate patients on a daily basis.

Paucity of Resources: Doctors work in extreme conditions ranging from overcrowded out-patient departments, inadequate staff, medicines and infrastructure.

Expensive Private Medical Education: increasingly high cost of medical education in the private sector is forcing many students in India to look for cheaper destinations abroad.

• Countries such as China, Russia, Ukraine, Philippines and Nepal have become popular destinations for aspiring doctors as the cost can be less than half of what private institutes charge in India.

• Expensive medical studies are responsible for dearth of doctors in India as after acquiring studies from abroad they do not prefer to practice their profession in India because of the necessity to clear the exam conducted by the Medical Council of India.

Overburdened Doctors: Owing to disproportionate Doctor Patient ratio, limited number of doctors, nurses and
Medical staff have to cater to a large number of patients.

**Unaffordable Treatments:** More than 17% of Indian population spends at least 10% of household budgets for health services.

- Catastrophic healthcare related expenditure pushes families into debt, more than 24% households in rural India and 18% of the population in urban areas have met their healthcare expenses through some sort of borrowings.
- Competition Commission of India report on affordability stated that 50 to 65% of Indians did not have regular access to essential medicines.

**Doctor Patient Relation:** The highlighting of errors by doctors, medical staff, and hospitals, as well as corruption among doctors, has further eroded the trust patients have in the medical facilities.

- Trust deficit between doctors and patients is also gradually becoming a concern, with rising violence against doctors.
- According to the Indian Medical Association (IMA) nearly 75% of doctors in India have faced some form of violence or threat at some point in their careers.