



Health Policies and legislations

State Institute of Health and Family Welfare, Jaipur



Health Policies: India

- National Health Policy, 1983, 2002
- National Population Policy, 2000
- National Children Policy, August 22, 1974
- National Policy for Persons with Disabilities, 2006
- National Policy on Women Empowerment, 2001
- National Blood Policy, 2003
- National Nutrition Policy, 1993



National Health Policy, 1983

1983 (After 36 yrs. of independence)

A time-bound program for setting network of comprehensive primary health care services through-

- Intermediation with 'Health volunteers'
- Establishment of a well-worked out referral system
- Evenly spread specialty and super-specialty services
- Private-public partnership

Basic Elements - NHP 1983



The basic elements and areas for action -

- Nutrition
- Preventing food adulteration
- Maintaining drug quality
- Water supply and sanitation
- Environmental protection
- Immunization
- MCH services
- Occupational health
- Health education
- MIS
- Medical industry
- Health insurance
- Health legislations
- Medical research.
- School health



Issues involved in NHP - 1983 formulation

- Re-orientation of Medical education
- Re-structuring and Re-organizing the existing health care services
- Population stabilization
- Re-orientation of existing health personnel
- Role of practitioners of ISM in Health care delivery



NHP - 2002 Realizes

- Disparities and Large gap in health facilities
- Shortfall of SCs/PHCs/CHCs.
- Only 20% of the population seeking OPD services, and less than 45% seeking indoor treatment, in public hospitals.
- Need of rural health staff exclusively for the implementation of family welfare activities



- **Ad-hoc deployment** of doctors and nurses
- **ISM** can increase the reach of basic health care
- Need for specialists in '**public health**' and '**family medicine**'
- Low doctor: nurse & nurse: population ratio
- **Urban** health- neglected



National Health Policy-2002

NHP-2002 to evolve a policy structure-

- Which reduces the inequities in existing health services
- Allows the disadvantaged sections of society a fairer access to public health services.

The considerations for NHP - 2002



- Health investment and expenditure declined
- Disparities in public health facilities and health standards
- The infrastructure facilities fall short.
- Shortfall in the number of SCs/PHCs/CHCs
- Shortage of medical personnel
- Less population, seeking OPD & indoor treatment services, in public hospitals
- Need for Public health specialists and Family Medicine



NHP - 2002 Proposes

- Increase expenditure - 6% of GDP (2% as public health investment), by the year 2010.
- State Governments increase 7% of the Budget by 2005 and 8% of the Budget by 2010
- Increased allocation
 - 55% for the Primary health
 - 35% for Secondary
 - 10% for Tertiary health



- Gradual convergence of all health programs under a single field administration
- To continue Vertical programs for TB, Malaria, HIV/AIDS, RCH and UIP till moderate levels of prevalence are reached.
- Developing the capacity of State and District Health administration



- Ensure community monitoring
- More frequent in-service training of public health medical personnel,
- Quality of public health services
- Use of Generic drugs.
- Urban health infrastructure
- Mental Health Education
- IEC



- Health research
- Private sector participation
- Disease surveillance
- Women health
- Medical ethics
- Quality standards for food and drugs
- Environment and Occupational health
- Synchronized implementation of NHP-2002 and NPP-2000



Objective

- To achieve standard of good health
- To ensure equitable access to health services
- To increase the aggregate public health investment.

Goals of NHP - 2002



Eradicate Polio and Yaws	2005
Eliminate Leprosy	2005
Eliminate Kala Azar	2010
Eliminate Lymphatic Filariasis	2015
Achieve Zero level growth of HIV/AIDS	2007
Reduce Mortality by 50% on account of TB, Malaria and Other Vector and Water Borne diseases	2010
Reduce Prevalence of Blindness to 0.5%	2010
Reduce IMR to 30/1000 And MMR to 100/Lakh	2010
Increase utilization of public health facilities from current Level of <20 to >75%	2010
Establish an integrated system of surveillance, National Health Accounts and Health Statistics.	2005

Policy prescriptions - NHP - 2002



- To increase health sector expenditure
- Strengthening of the primary health structure
- Program implementation through autonomous bodies
- Frequent in-service training
- Government-funded health research
- Prohibiting the use of proprietary drugs



- An integrated disease control network
- National health accounts
- Strengthening deployment of health experts
- User-charges
- Contract employment
- Setting up of Medical Grants Commission
- Mental health services
- IEC
- Highest priority woman's health.
- Food and drug standards
- Need to modify the existing curriculum



National Population Policy-2000



Population Growth in India

- High wanted fertility due to the high infant mortality rate (IMR)
- Higher fertility due to unmet need for contraception
- The large reproductive age-group cohort

Projected Growth in Population (M)

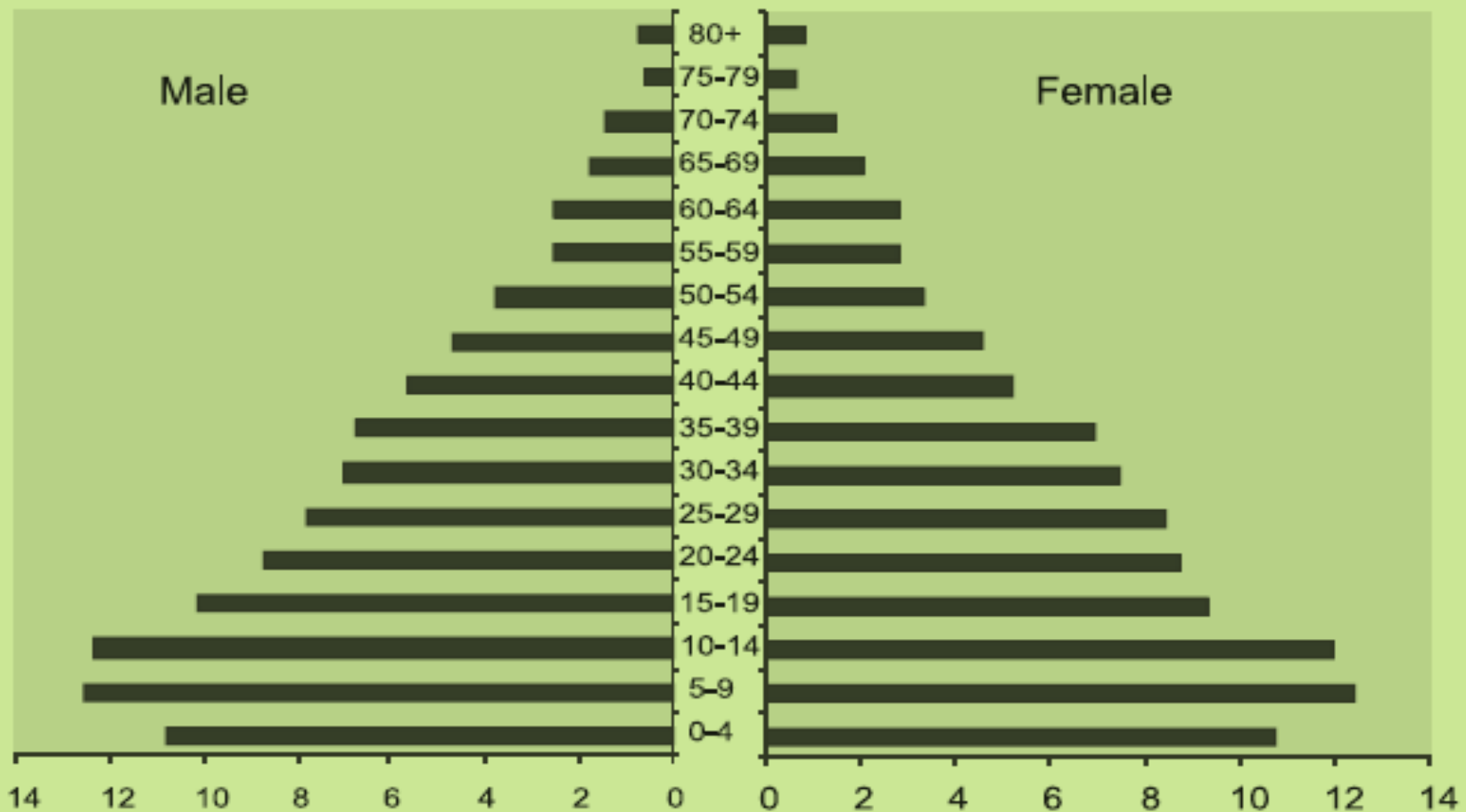


Year	If current trend continues		If TFR 2.1 achieved by 2010	
	Total Population	Percent Increase	Total Population	Percent Increase
1991	846.3	-	846.3	-
1996	934.2	17.6	934.2	17.6
1997	949.9	15.7	949.0	14.8
2000	996.9	15.7	991.0	14.0
2002	1027.6	15.4	1013.0	11.0
2010	1162.3	16.8	1107.0	11.75



Population Pyramid

Age & Sex wise percentage distribution of Population (Census 2001)



Population Policy of India: Milestones



- **1946:** Bhore Committee Report
- **1952:** Family Planning Program
- **1976:** Statement of National Population Policy
- **1977:** Policy Statement on Family Welfare Program
- **1983:** National Health Policy - "securing the SFN, through voluntary efforts and moving towards the goal of population stabilization".

Population Policy of India: Milestones



- **1991:** The National Development Council appointed a Karunakaran Committee
- **1993:** Swaminathan Committee appointed, 1994- report submitted
- **1997:** Cabinet approved the draft National Population Policy, document could not be placed in House of Parliament
- **1999:** Another draft finalized placed before the Cabinet; discussed & approved
- **2000:** National Population Policy in existence



Salient features of 1976 statement

Statement focused on-

- Minimum needs program
- Family planning
- Raising age of marriage
- Adoption of small family norm
- Research in Reproductive health and contraceptive technology
- Multi-media motivational strategy
- Education and Economic development



Suggestions for the approach

- 8% of Central assistance linked to State
- Monetary compensation linked with terminal methods and no. of children
- Compulsory sterilization after 3 children
- Rising the marriage age
- Increasing level of female education
- Involvement & support of voluntary organizations



- Research in reproductive biology and contraception
- Incentives for make Family Planning movement.
- Promotion of multi media communication strategy
- Inclusion of population education in education system
- Freezing the representation of States in Parliament till 2026



National Population Policy-2000



Policy Objectives

- **Immediate**
 - To address the unmet needs for contraception, health care infrastructure, health personnel
 - To provide integrated service delivery for basic RCH care
- **Medium**
 - To bring the TFR to replacement levels by 2010
- **Long term**
 - To achieve a stable population by 2045



National Socio-Demographic Goals for 2010

- Address the unmet needs for -
 - Basic RCH services,
 - Supplies and infrastructure.
- Increase school education and reduce drop outs
- Reduce IMR& MMR.
- Promote delayed marriage for girls, preferably after 20 years of age.
- Contain the spread of AIDS
- Prevent and control communicable diseases.



- Integrate Indian Systems of Medicine (ISM)
- Promote vigorously the small family norm
- To make family welfare a people centered program

To Achieve-

- Universal access to health related information
- 100% registration of births, deaths, marriage and pregnancy.
- Universal immunization of children
- 80% institutional deliveries and 100% deliveries by trained persons

Strategic themes of NPP - 2000



- Decentralized Planning and Implementation
- Convergence of Service Delivery at all Levels
- Empowering Women for Improved Health
- Child Health and Survival
- Meeting the Unmet Needs for Family Welfare Services



- Under-Served Population Groups
- Diverse Health Care Providers
- Collaboration with NGO and Private Sector
- Contraceptive Technology and Research on RCH
- Mainstreaming Indian Systems of Medicine
- Information, Education, and Communication

Structure



NPP 2000 to be largely implemented and managed through PRIs in coordination with the concerned State/UT administrations.

Recommended structures:

- National Commission on Population
- State / UT Commissions on Population
- Coordination Cell in the Planning Commission
- Technology Mission in the Department of Family Welfare



Promotional and Motivational measures for adoption of the SFN

- **Panchayats and Zila Parishads will be rewarded for -**
 - Performance in universalizing the small family norm
 - Achieving reductions in IMR, CBR and promoting literacy
- **Reward to BPL Couples**
 - Who marry after the legal age of marriage,
 - Register the marriage,



- Have first child after age of 21
- Accept the SFN,
- Adopt a terminal method after the birth of the second child,
- Promotion of survival and care of the girl child,
- Rs. 500 is awarded at the birth of the girl child
- Maternity Benefit Scheme
- A Family Welfare-linked Health Insurance Plan
- Crèches and child care centers
- A wider, affordable accessible choice of contraceptives
- Facilities for safe abortion



National Policy for Children



Child Welfare: Milestones

- UN Convention on the Rights of the Child on 11th Dec., 1992
- The National Policy for Children Aug. 22, 1974
- UN Millennium Summit - MDG Sep. 30, 2000
- National Charter for Children, Feb. 2004
- National Plan of Action for Children 2005
- The Commissions for Protection of the Child Rights Act 2005

National Children Policy, 1974



Policy Measures

- Services before and after birth
- Comprehensive health services
- Nutrition services
- Free and compulsory education till 14 years
- Informal education to drop outs
- Equal opportunity to weaker sections, physically challenged and delinquent children
- Protection against neglect, cruelty and exploitation
- No child <14 engaged in hazardous occupation

National Charter for Children, 2003



- Free & compulsory education to all children (6-14)
- No child <14 years - in hazardous employment
- Promoting High Standards of Health and Nutrition
- Assuring Basic Minimum Needs and Security
- Protection from Economic Exploitation and All Forms of Abuse



- Protection of the Girl Child
- Empowering Adolescents
- Equality - Expression, Seek and Receive Information, Association and Peaceful Assembly
- Protection of Children with Disabilities
- Family support – care, love, play, survival, growth, development

National Plan of Action for Children 2005



- Reduce IMR to < 30 by 2010.
- Reduce CMR to < 31 by 2010.
- Reduce MMR to < 100 by 2010.
- Universal equitable access and use of safe drinking water,
- Improved access to sanitary means of excreta disposal by 2010.
- 100% rural population to have access to basic sanitation by 2012.

National Plan of Action for Children 2005



- Eliminate child marriages by 2010
- Eliminate disability due to poliomyelitis by 2007
- To reduce the proportion of infants infected with HIV by 20 % by 2007 and 50 % by 2010,
 - Ensuring ANC to 80 %
 - Ensure 95 % of men and women aged 15-24 have access to care, counseling ,other HIV and prevention services.

National Policy for Persons with Disabilities, 2006



- Focus on-
 - Prevention of Disabilities and
 - Rehabilitation Measures
- Salient features
 - Physical Rehabilitation
 - Educational Rehabilitation, vocational training and
 - Economic Rehabilitation
- Special focus on women and children with disabilities

National Policy for Persons with Disabilities, 2006



- Focus on-
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 - Economic Rehabilitation
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National Policy for Empowerment of Women



- V- FYP - shift from Women welfare to women development and empowerment
- Mexico plan of Action (1975),
- Nairobi forward-looking strategies (1985),
- National Commission for Women (1990)
- Convention on Elimination of All forms of Discrimination Against Women, 1993
- International Conference on Population and Development (ICPD), Cairo (1994)
- Beijing Declaration and Platform for Action (1995)



Objectives

➤ Broad Objective

To bring about the advancement, development and empowerment of Women



➤ **Specific Objectives**

- Creating an environment - positive economic and social policies
- Enjoyment of all human rights
- Equal access to
 - Participation and decision making
 - Health care
 - Education
 - Employment, remuneration
 - Occupational health & safety
 - Social security
 - And public office.



- Strengthening of legal systems
- Changing societal attitude & community practices by participation
- Mainstreaming gender perspective.
- Elimination of discrimination and all kind of violence
- Building & strengthening of partnerships with civil society

Policy Prescriptions



- Legal-judicial system will be made more responsive and gender sensitive
- Equality in power sharing and active participation in decision making
- Mainstreaming a Gender Perspective in the Development Process
- Economic & Social Empowerment of women



Institutional Mechanisms

- National and State Councils
- National and State Resource Centres
- Strengthen Self-Help Groups (SHGs)
- Women's Component Plan adopted in IX FYP
- Channelize private sector investments
- Reviewing and strengthening legal system



National Nutrition Policy-1993



- **It advocates a comprehensive inter-sectoral strategy-**
 - For alleviating all the multi-faceted problems of under/malnutrition and its related deficiencies and diseases
 - To achieve an optimal state of nutrition for all sections of society
 - Special priority for women, mothers and children



Intervention programmes to combat malnutrition

- Integrated Child Development Programme-1975
- Special Nutrition Programme-1970-71
- Balwadi Nutrition Programme -1991-1992
- Wheat Based Supplementary Nutrition Programme-1986
- Mid Day Meal Programme-1962-63
- Nutritional Anemia Prophylaxis Programme-1970
- Goiter Control Programme-1962
- National Diarrheal Disease Control Programme-1981



The strategies adopted in the Ninth Plan include –

- Screening of all pregnant women and lactating mothers for chronic energy deficiency (CED)
- Identifying women with weight below 40 kg and providing adequate ante-natal, intra-partum and neo-natal care under the RCH programme
- Ensuring they receive food supplementation through the Integrated Child Development Services (ICDS) Scheme.



- Pradhan Mantri Gramodaya Yojana (PMGY) to prevent the onset of under-nutrition in the age-group 6-24 months.
- Supplementary nutrition provided to 105 million school-going children under the National Programme of Nutritional Support to Primary Education (also popularly known as Mid-Day Meals Programme).



National Blood Policy-2003



Need of Blood Policy-

- For quality, safety and efficacy of blood and blood products,
- Well-equipped blood centers with adequate infrastructure and trained manpower
- For effective clinical use of blood,
- To attain maximum safety, the requirements of good manufacturing practices and implementation of quality system



Policy Aim

- To ensure easily accessible and adequate supply of safe and quality blood and blood components
- To collect/procure blood free from transfusion transmitted infections , which stored and transported under optimum conditions.
- Ensure Transfusion under supervision of trained personnel
- Total quality management approach to be ensured under the policy.



To achieve the above aim, the following objectives are drawn:

- To reiterate firmly the Govt. commitment to provide safe and adequate quantity of blood, blood components and blood products.
- To make latest technology, adequate resources available for operating the blood transfusion services.
- To encourage appropriate clinical use of blood and blood products.
- To strengthen the manpower through human resource development.



- To launch extensive awareness programmes for donor information, education, motivation, recruitment and retention in order to ensure adequate availability of safe blood.
- To encourage Research & Development in the field of Transfusion Medicine and related technology.
- To take adequate regulatory and legislative steps for monitoring and evaluation



Health legislations in India



Pre-conception and pre-natal diagnostic techniques (PCPNDT) Act

- Made in 1994
- Regulates and prevents misuse of the diagnostic techniques.
- Amended again in 2003.



Aim

- Prohibition of sex selection,
- Regulation of pre-natal diagnostic techniques for the purposes of detecting-
 - Genetic abnormalities or
 - Metabolic disorders or
 - Chromosomal abnormalities or
 - Certain congenital malformations or
 - Sex-linked disorders



When its becomes an offence ?

- Service provider violating the Act.
- Service seeker (woman compelled to undergo the test is not punishable).
- Advertiser of these techniques.

Complaints procedure

- Written complaint to Appropriate Authority.
- AA to act within 15 days.
- Delayed action to be addressed through judiciary.

An offence under the PCPNDT Act is cognizable, non-bailable and non-compoundable.



	First offence	Subsequent offence
Service provider	Imprisonment (3yrs.); penalty (Rs.10000); registration cancelled (5 yrs.)	Imprisonment (5yrs.); penalty (Rs.50000); registration cancelled (permanently.)
Service seeker	Imprisonment (3 yrs.); penalty (Rs. 50000)	Imprisonment (5 yrs.); penalty (Rs. 100000);
Advertiser	Imprisonment (3 yrs.); penalty (Rs. 10000)	

Structure of Implementing Machinery



Central Supervisory Board (CSB)

State Supervisory Board (SSB)

Appropriate Authority

State

District

Sub-district

Advisory Committee

State

District

Sub-district



Anti-Tobacco Act

The Tobacco Menace in India



- 800,000 deaths every year
- 150,000 cancers per year
- 4.2 million heart diseases
- 3.7 million lung diseases in every year
- It kills more people than AIDS, alcohol, cocaine, homicide, suicide, motor vehicle crashes, and fires combined!



- 55,000 children every day start using tobacco
- 5 million children <15 addicted to tobacco
- school students (10%-40%), college students (40%-70%) chew gutka & paan masala

Aim of Anti-Tobacco legislation



- Ban advertisements on tobacco products
- Ban smoking in public places
- Prohibit sale of cigarettes to minors.
- Anti-tobacco health education in schools and colleges
- Higher taxes on tobacco products
- Health warnings on the packaging and labeling
- Penal provisions
- Discontinue direct and indirect subsidies and financial incentives

Legislations related to Health in General



- The Epidemic Diseases Act, 1897
- Indian Air Craft (Public Health) Rules, 1954
- The Registration of Births and Deaths Act, 1969
- The Persons with Disabilities (Equal Opportunity, Protection Of Rights And Full Participation) Act, 1995
- The Biomedical Waste (Management And Handling Rules 1998) Act

Legislation related to Women Health



- Hindu Marriage Act, 1955
- The Special Marriage Act, 1954
- Hindu Succession Act, 1956
- The Maternity Benefits Act, 1961
- The Dowry Prohibition Act, 1961
- Hindu Adoption and Maintenance Act, 1956
- The Immoral Traffic (Prevention) Act, 1956; amended in 1986
- MTP Act 1971 (The MTP Rules, 1975)



- The Protection of Women against Sexual Harassment At Work Place Bill, 2007
- Protection of Women from Domestic Violence Act, 2005, (Come into Force on 26/10/2006)
- Protection of Women from Domestic Violence Act, 2005
- Dowry Prohibition Act, 1961
- Dowry Prohibition Rules
- National Commission for Women Act



- The Pre-natal Diagnostic Techniques (Regulation & Prevention of misuse) Act, 1994 Rules, November 26, 1996, 2003
- Indecent Representation of Women
- The Commission of Sati (Prevention) Act and rules
- Amendment Proposed in Immoral Traffic (Prevention) Act 1956
- The Immoral Traffic (Prevention) Amendment Bill, 2006



Legislations related to Child Health

- The Child Marriage Restraint Act, 1929
- Children Act, 1960
- The Juvenile Justice Act, 1986
- The Child Labor (Prohibition and Regulation) Act, 1986
- Infant Milk substitute Act, 1992
- The Juvenile Justice (Care and Protection of Children) Amendment Act 2006
- The Juvenile Justice (Care and Protection of Children) Act 2000



- The Juvenile Justice (Care and Protection of Children) Rules
- The Commissions for Protection of Child Rights Act, 2005 , 2006
- National Commission for protection of Child Rights Rules,2006,
- The Child Marriage Restraint Act, 1929
- The Prohibition of Child Marriage Act, 2006
- The infant Milk Substitutes, Feeding Bottles and infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 , 2003



Legislations related to Environment

- Factory Act, 1947
- The Atomic energy Act, 1962
- The Insecticides Act, 1968
- The Wild Life (Protection) Act 1972
- The Indian Forest Act, 1972
- The Water (Prevention and Control of Pollution) Act, 1974



- The Forest (Conservation) Act, 1980
- The Air (Prevention and Control of Pollution) Act, 1981
- The Environmental (Protection) Act, 1986
- The Motor Vehicle Act, 1988
- The Natural Environment Tribunal Act, 1995

Legislations related to Occupation



- The Workmen's Compensation Act, 1923 (Amended In 1984)
- The Trade Union Act 1926
- The Factories Act, 1948,
- The Employees States Insurance Act, 1948
- The Plantation Labor Act, 1951
- Mines Act, 1952
- Plantation Labor Act, 1951
- The Employee State Insurance Act, 1948
- The Consumer Protection Act (CPA) 1986



- The Factories (Amendment) Act, 1976
- The Dangerous Machine (Regulation) Act, 1983
- Legislations related to Human rights
- The Equal Remuneration Act, 1976
- The Contract Labor (Regulation and Abortion) Act ,1976
- Indecent Representation of Women (Prohibition) Act, 1986
- The Commission on Sati (Prevention) Act, 1987
- The Minimum Wages Act, 1948

Legislations related to Medical Profession



- The Indian Nursing Council Act 1947
- The Dentists Act 1948
- The Pharmacy Act 1948
- The Indian Medical Council Act, 1956
(Amended in 1964, 1993)



Thank You

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