



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)

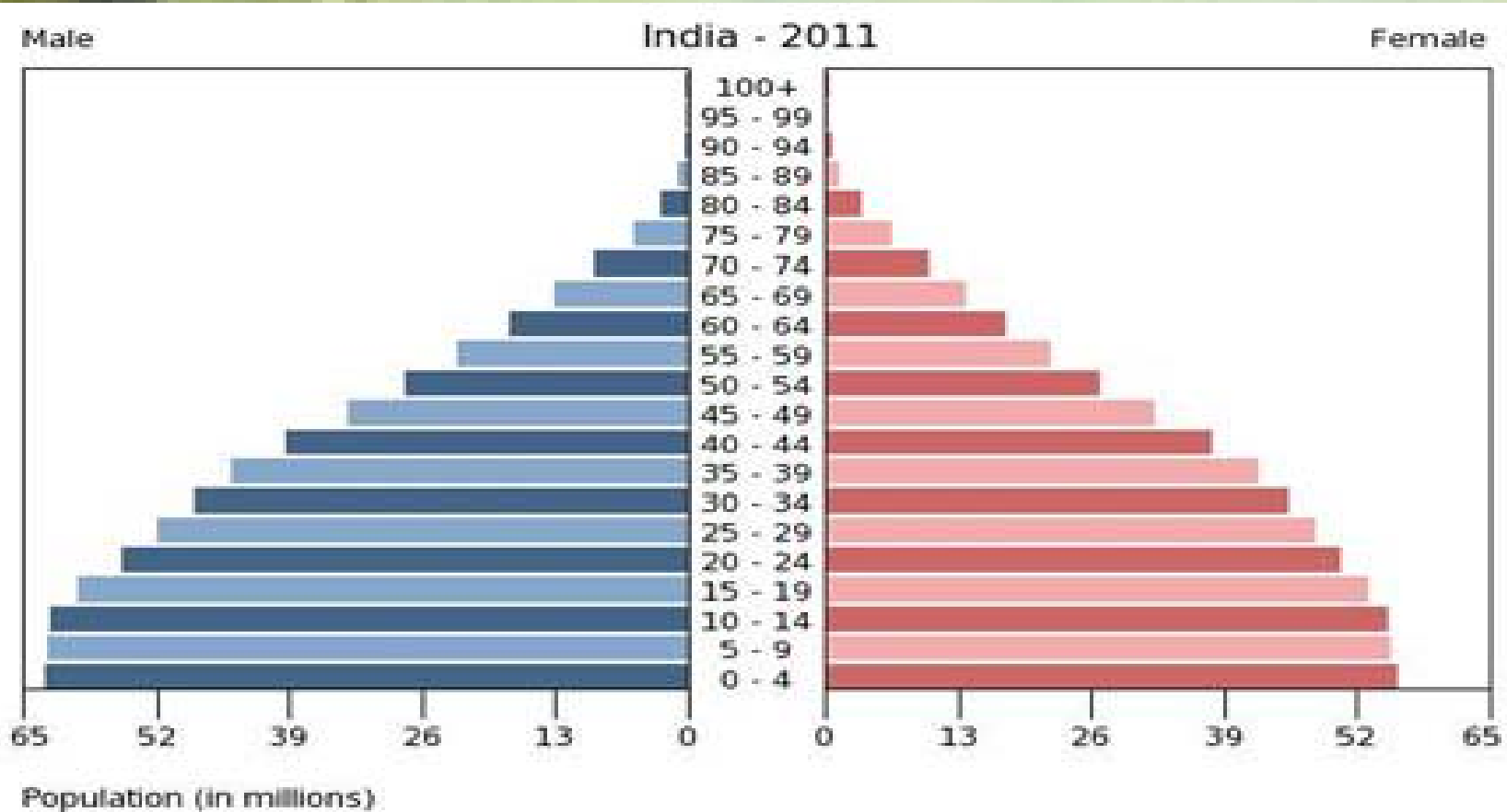
Year	If current trend continues		If TFR 2.1 achieved by 2010	
	Total Population	Percent Increase	Total Population	Percent Increase
1991	846.3	-	846.3	-
1996	934.2	17.6	934.2	17.6
1997	949.9	15.7	949.0	14.8
2000	996.9	15.7	991.0	14.0
2002	1027.6	15.4	1013.0	11.0
2010	1162.3	16.8	1107.0	11.75



Age distribution projected to change by 2016 and would determine allocation of resources in policy intervention

Age composition as % of total population				
Year	Below 5 yrs	Between 0-15 yrs	Between >15-59 yrs	>60 yrs
1991	12.80	37.76	55.58	6.67
2001	10.70	34.33	58.70	6.97
2011	10.10	28.48	63.38	8.14
2016	9.7	27.73	63.33	8.94

Population Pyramid



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



If the objectives of NPP – 2000 are fully implemented -

Year	CBR	IMR	TFR
1997	27.2	71	3.3
1998	26.4	72	3.3
2002	23.0	50	2.6
2010	21.0	30	2.1



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 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)



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