Recommendations on

Draft National Health Policy 2015

Submitted to

Ministry of Health and Family Welfare

By

Digital Empowerment Foundation

DIGITAL EMPOWERMENT *foundation*

empowering people @ the edge of information

Contents

1. INTRODUCTION

India is home to 1.2 billion and is projected to be the third largest economy in the next decade.[1] India also accounts for 33 percent of the total population living in poverty, according to the UN[2] and spends 1.3% percent of its GDP on health compared to 3 percent by China and 8.6 percent by the United States.

While poverty and population growth (from 1.97 to 1.64 percent) rates have declined, sustained public-private investments in infrastructure development, energy efficiency, agriculture, health,3 education and skill development are vital to sustainable and inclusive growth. Considerable progress still needs to be made to meet MDG's, particularly on reducing hunger and promoting gender equality. There are wide disparities across the country with variations in maternal and child health, burden of communicable and non-communicable diseases, health infrastructure and it is necessary to view the NHP 2015 through this lens. Does the policy provide comprehensive strategic direction to address these challenges? Does it promote attitudinal and behavioral changes which are crucial for progress on human development in India?

2. RECOMMENDATIONS

a. SEVEN TASK FORCES ON PREVENTIVE AND PROMOTIVE CARE STRATEGY

Under Section 4.2.17 of NHP 2015, it is intended to setup up seven Task Forces on Preventive and Promotive Care.

- **Ensure** that the task force adopts a multi-stakeholder approach to ensure participation from NGOs and Civil Society. DEF with support from UNICEF India has initiated the **Mobile for Social and Behaviour Change (MSBC)** project which is aimed at exploring the concept of 'mobile as a communication tool for development' in areas of information dissemination, interpersonal communication (IPC), and monitoring and tracking. NGOs with similar expertise may be considered for the task force.

b. URBAN AND RURAL INDIA: PARTICIPATORY APPROACH TO PLANNING

The rural-urban divide is stark, differences exist at various levels. There are two different realities and way of life in urban and rural India, as mentioned under Section 2.3 of the National Health Policy 2015, referred to as **"NHP 2015,"** hereafter. (**Source:** Section 2.3 of NHP 2015)

- **Strengthen** policy and programmatic planning at the central level need to incorporate local gaps, challenges, needs and feedback, through a participatory approach at the state level(s).

---

[1] On the growth front, by 2022, India projects the need for 500 million techno-savvy people to enter the workforce to sustain economic growth—and expects an additional—100 million Indian youth to enter the same workforce by 2020.

[2] http://in.reuters.com/article/2014/12/23/india-health-budget-idINKBN0K10Y020141223

[3]World Bank study estimated that a lack of toilets and poor public hygiene cost the government approximately $54 billion each year though premature deaths, treatment for the sick, and lost tourism revenue.

- **Adopt** a localized and customized approach as each village, community and locality has its own distinct identity, language, culture, customs, traditions and challenges. This is also evident through DEF's work to provide digital access and connectivity across 100 locations in urban and rural India. Non-institutional determinants of poor health / social differentials are rarely addressed and as such there should be stronger affirmative action in health as in education and other spheres. Determinants such as discrimination require strong political will, not just investments.

c. RIGHT TO HEALTH

- **Introduce**, as questioned under Section 12.2 of NHP 2015, a comprehensive healthcare bill that makes health a fundamental right in India. To that end, it is further **recommended** that Right to Health be mentioned in all national and state level policies, frameworks, strategies and programs.

- **Introduce** a comprehensive health care bill to address challenges around medical malpractice promote transparency and accountability in the public health sector and foster Professionalism, Integrity and Ethics, as outlined under Section 3.2 of NHP 2015

- **Develop** and **disseminate** a **Know Your Rights, Citizens Charter and/or Code of Conduct** related to health care, in regional languages, to inform and educate citizens of their health rights through various platforms, including ICT tools and Village Health Sanitation and Nutrition Committee at the Panchayat level.

d. HEALTHY LIFE-STYLE AND HOLISTIC WELL-BEING

Due to non-communicable diseases, India is expected to lose $4.58 trillion between 2012 and 2030, according to the World Economic Forum. In addition, India lost 9.2 million productive years of life due to cardiovascular deaths in the 35-64 age-groups in 2000 and is projected to lose 18 million years by 2030. Under Section 4.2.14, the policy emphasizes the role of yoga in school, work and communities for general well-being.[4]

- **Linkage between economic growth and health status:** The NHP 2015 clearly acknowledges the linkages between economic growth and improved health status, productivity and equity in the country, under Section 1.1 of the National Health Policy 2015. It is important to recognize health and well-being, as a pre-condition, to achieve positive outcomes for the country's overall development agenda and to ensure future growth—**specifically the linkage between health well-being and skills development**.

- **Emphasize** and **promote** work-life balance in urban cities, physical activity, lifestyle and dietary changes to promote holistic health and well-being—at the household level, school and community centers, places of worship, workplace, village and district level—and communicate the effects of healthy lifestyle on standard of life, education, environment, and economic well-being.

[4] http://businesstoday.intoday.in/story/aiims-cardio-head-on-health-demographic-dividend-productivity/1/213476.html

e. INVESTING IN HEALTH

- **Decreased spending on healthcare:** Reuters reported on December 23rd, 2015 that the government ordered a cut of 20% in spending for the 2014-2015 fiscal year, ending March 31st, 2015—while the National Health Policy 2015, referred as NHP 2015 hereafter, articulates and envisions that India set a modest target of spending 2.5% of its GDP on health against 4-5% needed to achieve its national health goals. (**Source:** Section 4.1.1 of the National Health Policy 2015)

- **Sustained** or increased investments in health and environment, specifically on preventive and curative aspects, based on communication and awareness, innovation, technology, research and development, effective use of resources, and monitoring and evaluation, which can bring positive results for economic growth and successful outcome in skills' development for the demographic dividend.

- **Provide** financial and social incentives to urban and rural communities for adopting a preventive approach to health, similar to the approach adopted by the previous government(s) towards universal education.

f. ORGANIC FARMING AND RENEWABLE SOURCES OF ENERGY

The World Bank report, titled, ***"Turn Down the Heat"*** points out to scientific evidence projecting that the planet would get warmer by 2 degrees Celsius in 20 to 30 years—causing unprecedented heat-waves and intense cyclones—resulting in widespread food shortages, putting pressure on water and food resources, and imposing public health risks. It further notes that impacts of increased warming would have adverse impacts on agricultural production and "yields of rice, wheat, maize and other important crops, adversely affecting food security."

Under this scenario, populations in South Asia are more "vulnerable" to experience variability in monsoon system and rising temperatures—resulting in lower protein grain crops and production losses. With respect to agricultural production and public health, the report states:

> "For example, a 1.5 degree Celsius warming by the 2030s could lead to 40 percent of present maize cropping areas being no longer suitable for current cultivars….under warming of less than 2 degree Celsius by 2050s; total crop production could be reduced by 10 percent. For higher levels of warming there are indications that yields may decrease by around 15-20 percent across all crops and regions. With warming of 1.2-1.9 degree Celsius by 2050, the proportion of the population undernourished is projected to increase by 25-90 percent compared to the present. Other impacts expected accompany climate change include mortality and morbidity due to extreme events such as extreme heat and flooding."

- Given the impact of climate change on agriculture and public health, it is recommended that MoHFW work with Ministry of Agriculture and Ministry of New and Renewable Energy to promote organic farming across the supply and value chains in the agriculture

and food processing industry by adopting sources of renewable energy like, for example, solar energy

- **Devise schemes and plans**, in conjunction with states, to provide incentives to small and medium sized businesses across the food chain(s) for adopting and producing healthy food menu, made from organic products

g. KNOWLEDGE SHARING AND MANAGEMENT

- **Compile**, **collate** and **disseminate** special knowledge about traditional medicines held by various groups and communities through conventional forms of communications, ICT tools and New Media—to make them **publicly and digitally available. T**hese practices and solutions would help more people become knowledgeable and **access** affordable care for better health outcomes. All information regarding medication; traditional or modern should be accompanied with the other to ensure maximum information dissemination and a balance between the two major systems of medicine.

- It is **recommended** that the existing **health infrastructure**, such as the, Community Service Centers (CSCs), Multi-Service Centers (MSCs), Panchayat Offices, Schools, Anganwadi centres and Info Kiosks be integrated in to healthcare information dissemination ecosystem to ensure maximum outreach., Digital Empowerment Foundation (DEF) Community Information Resource Centers (CIRCs) may be utilized for outreach to targeted communities in rural and urban areas for information and knowledge sharing.

h. ATTITUDINAL CHANGES: COMMUNICATIONS, EDUCATION AND AWARENESS USING ICT TOOLS, MEDIA, FILMS AND TELEVISION

Author Nilanjan Mukhopadhyay noted in his book titled, "Narendra Modi: The Man the Times" that cinema and politics has the power to influence people in India. It is also observed, through DEF's work to provide digital connectivity in India, that communities engage in education and vocational training to secure their livelihoods—so income generation is also a motivation. In 2013, President Pranab Mukherjee called upon the Indian film and television industry to make socially conscious films and shows to help India's development.[5] And former Prime Minister Manmohan Singh also outlined a Ten Point Social Charter for Inclusive Growth during his annual address in 2007 at Confederation of Indian Industry.[6] Some of the Charter points included:

- Desist from non-competitive behavior
- **Invest in skills, health, education and training of human capital**
- Create and offer jobs to the under privileged
- **Invest in CSR taking into account community welfare**
- Promote enterprise and innovation
- Fight corruption
- **Promote social responsible media and social responsible advertising**

[5] http://presidentofindia.nic.in/press-release-detail.htm?294
[6] http://pib.nic.in/newsite/erelease.aspx?relid=28178

The 10th point to promote socially responsible media and advertising can help bring about action and change at all levels in India. Films and television industry has worked to bring about behavioral and "attitudinal changes" in the Indian psyche which may be affected by caste, creed, gender, regionalism and religion.

- **Scale-up appointments** of recognizable brand ambassadors like Bollywood celebrities[7] and sportsmen/women to promote preventive health and well-being, mental health and disability—whose popularity may influence positive behaviors and outcomes within society.

- **Devise** communication and mass campaign strategies and mechanisms for education and awareness using ICT and other tools like radio, community radio, television to **explain** the linkages between individual health and well-being to education, environment, sustainable development and nation-building through a bottom-up and top-down approach.

- Devise communication and mass campaign strategies and mechanisms for education and awareness using ICT and other tools like radio, community radio, television to, along with financial and social incentives, to encourage local food stalls to sell healthy foods, made from organic products

- **Community engagement** sessions be held to show videos, messages, inspirational stories and television programs that are aimed at behavioral and attitudinal changes targeted to development issues like hygiene and sanitation, health and education through the Community Service Centers (CSCs)and Community Information Resource Center (CIRCs). As an example, **Kaun Banega Crorepati, Satyame Jayate and Main Kuch Bhi Kar Sakti Hoon** are television shows that bring out stories, issues and challenges in India—which may have an impact.

- **Incorporate** a balanced faith-based strategy[8] for outreach, communication, and behavioral change, around preventive healthcare and interlinked issues like WASH, nutrition, environment.

- **Include** training and capacity building programmes on exploring how "**mobiles can be used as a tool for communication**"[9] and bring social and behaviour change among

[7] Amitabh Bachchan (Polio Campaign), Aamir Khan (Kuposhan Bharat Chodo campaign) and Vidya Balan (Total Sanitation Campaign) are some of the successful campaigns that have had positive outcomes in communities. Most recently, television shows like Satyame Jayate and Kaun Banega Crorepati[7] (KBC), hosted by actors Aamir Khan and Amitabh Bachchan respectively, have been successful in raise awareness about issues like gender equity, inequality, female feticide, and violence against women. These television shows are well-researched and have profound impact on ordinary citizens in local communities. For example, Firoz Fatima is the first female Crorepati to win on the 2013 edition of the show. She attributed her success on the show to reading newspapers and news channels. Impact of Satyamev Jayate has been phenomenal. Rajasthan Chief Minister Ashok Gehlot met Aamir Khan to discuss the possible strategies to combat the issue of female foeticide. Chief Justice of the Rajasthan High Court Arun Mishra has given green signal to set up a fast track court for expediting trial in the female foeticide cases. Furthermore, Madhya Pradesh Health Department suspended the licenses of 65 Medical Pregnancy Centers for failing to submit their final reports.

[8] With technical assistance from UNICEF, the Global Interfaith WASH Alliances hosted the Worship to WASH Summit in Rishikesh last year to engage faith-based communities to bring positive outcomes in the WASH sector. http://www.unicef.org/india/media_9085.htm

frontline workers (including ASHA, ANMs, and AWWs). DEF with a support from UNICEF India has initiated the **Mobile for Social and Behaviour Change (MSBC)** project which is aimed at exploring the concept of 'mobile as a communication tool for development' in areas of information dissemination, interpersonal communication (IPC), and monitoring and tracking.

- Under Section 2.14 of the NHP 2015, the potential of AYUSH is discussed to bring positive health outcomes. It is **recommended** that the government explain the alternative approaches and benefits of alternative medicine to dispel misunderstandings and myths within the communities, especially, when these alternative medicines may be affordable.

i. RASHTRIYA SWASTHYA BIMA YOJANA

The NHP 2015, under Section 2.11 mentions about low levels of awareness among Rashtriya Swasthya Bima Yojana (RSBY) beneficiaries about how and when to use the RSBY card.

- It is **recommended that** CSCs and CIRCs and other ICT tools like Skype and mobile vans be utilized to conduct information sessions, in partnership with district officials, regarding how and when to use RSBY.

j. HEALTH INFORMATION TECHNOLOGY

Under Section 9.5 and 9.6 of NHP 2015, robust growth of ICT is mentioned to meet the health needs. In this regards, electronic health records and health information technology is mentioned. To that end, it is **recommended**, under the national Health Information Network (HIT) and Electronic Health Records (EHR), that the following health records be maintained at the village, district, state and national level:

- Health history and conditions
- Family doctor or care provider
- Insurance provider, if any
- Certified doctor's list, government and private
- Pharmacies

- **Create** institutional linkages between health information and records so that it can be accessed by healthcare providers, insurance companies, government and other for effective and efficient healthcare services

- **Set up** a grievance mechanism be set up at the village or district level for communities to report, anonymously, on any medical malpractice

- **Utilize** the Aadhar card mechanism to create institutional linkages and access around, social security benefits like cash transfers, banking and financial services, education and health records, crime record, land ownership records, birth and death records, family history, income tax records, and job history

[9] There are 933 million mobile users in the country. Some of state governments have distributed mobile phones/tablets to frontline workers for bringing efficiency and transparency in the system.

k. HIV/AIDS

- Under Section 4.3.7.4, the policy takes note of the HIV/AIDS epidemic in India. It is **recommended** that the government take the lead to bring together public and private institutions to develop an ICT based tool that link potential employers with rural employees, for example - truck drivers that migrate to urban areas for employment—which is one of the factors that contribute to HIV/AIDS

l. CORPORATE SOCIAL RESPONSIBILITY IN HEALTHCARE

India is perhaps the first country, globally, to mandate CSR spending towards the sustainable development agenda. The bill mandates institutions to allocate and spend 2 percent of the profit after tax (PAT) on CSR activities. Schedule 7 of the bill lists development priorities where CSR funds can be channeled. These priorities are in line with UN MDGs.

- **Issue** guidelines and recommendations concerning CSR spending towards public health. This would avoid duplication of efforts and exploitation of resources. It is further **recommended** to setup a Committee within Ministry of Health and Family Welfare to, in partnership with Indian Institute of Corporate Affairs / Ministry of Corporate Affairs, to accredit and link NGOs and foundations with private sector, state-by-state. The list should be made available online to promote transparency and accountability within the system and prevent duplication of efforts in the sectors.

- For example, the NHP 2015, under Section 4.2.12, mentions the role of ASHA programme in delivery services. To that end, it is **recommended** that ASHA workers be equipped with portable digital devices with internet connectivity for **"attitudinal changes"** programs, documentation and monitoring and evaluation. This can be achieved through CSR efforts of the IT sector to minimize central spending.

- It **is recommended** that there should be training and capacity building programmes on exploring how "**mobiles can be used as a tool communication**" and bring social and behaviour change among frontline workers which include ASHA, ANMs, and AWWs. DEF with a support from UNICEF India has initiated project, MSBC (Mobile Phone as a tool for Social & Behaviour Change) that is exploring the concept of 'mobile as a communication tool for development' in areas of information dissemination, interpersonal communication (IPC), and monitoring and tracking.

- To make it more effective, many social enterprises, civil society groups and NGOs are providing training and capacity building programmes to frontline workers which include, ASHA, ANMs, Auxiliary Nurses on usage of ICT tools. It is **recommended** that CSR funding be encouraged and specifically used for such training programmes.

m. SOCIAL ENTERPRISES

India is regarded as second-most important destination, for impact investing which serve a critical channel to meet the needs of the people living at the bottom of the pyramid (BoP). According to a study by the Planning Commission, impact investment in India has crossed Rs. 1,600 Cr in 2012.

Second, an Intellecap study published in April 2014 points out that $ 1.6 billion of capital has been invested in more than 220 impact enterprises across India. Around 60% of total impact investments have been made in just 15 enterprises. Microfinance or financial inclusion still represents a priority area where 70% of the total investments were made.

While healthcare, agri-business and clean energy are the leading sectors outside of financial inclusion, attracting investments of USD $ 341 million, enterprises operating in the livelihood, water and sanitation sectors are slow in generating investor interests.

India has the largest number of social enterprises in the world to tackle disparities in health, education, livelihood, financial inclusion, housing, water and sanitation. According to a global study by JP Morgan and Global Impact Investment Network (GIIN), in the last eight years, nearly $600 million were invested in social enterprises in India itself. In 2012, $4 billion worth of investments were planned.

- Under Section 4.3.3.1, the policy intends to shift the general mindset from viewing public hospitals as "social enterprises." In this context, it is **recommended to define and promote social enterprises,** as those private enterprises that aim to bring positive outcomes in the health and related sectors.

ADDRESS FOR CORRESPONDENCE

Digital Empowerment Foundation
44, 3rd Floor, Kalu Sarai
New Delhi-110016
www.defindia.net

CONTRIBUTORS

Name	Title	Mobile	Email
Mr. Osama Manzar	Founder & Director	9810042862	osamam@gmail.com
Ms. Saleema Razvi	Consultant	9560322477	saleemarazvi@gmail.com
Ms. Ritu Srivastava	Program Manager	9560322477	Ritu.sri@defindia.net
Mr. Niki A. Shah	Program Officer	7042557705	Niki.shah@defindia.net
Mr. Rajat Kumar	Coordinator - Research	9873677410	Rajat.kumar@defindia.net