

# **SOCIAL PHARMACY**

## **CHAPTER-1**

### **INTRODUCTION TO SOCIAL PHARMACY**

**MR. AVIJIT BEJ, ASSISTANT PROFESSOR  
NETAJI SUBASH UNIVERSITY**

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## Part-3

# NATIONAL HEALTH POLICY

### Points to be covered in this topic:

- Introduction
- Aim of National Health Policy
- Principle of National Health Policy

# INTRODUCTION

## □ NATIONAL HEALTH POLICY:

The national health policy of 1983 and the national policy of 2002 have served well in guiding the approach for health sector in the five year plan. Now 14 years after the last health policy, the context has changed in four major ways.

## ❖ Four Major Changes in National Health Policy:

- **First**, the health priorities are changing. Although maternal and child mortality have rapidly declined, there is growing burden on account of noncommunicable diseases and some infectious diseases.
- The **second** important change is the emergence of a robust health care industry estimated to be growing at double digit.
- The **third** change is the growing incidences of catastrophic expenditure due to health care costs, which are presently estimated to be one of the major contributors to poverty.
- **Fourth**, a rising economic growth enables enhanced fiscal capacity. Therefore, a new health policy responsive to these contextual ' change required.



## ❖ Health policy — (Indian respective):

- Health policy of a nation is its strategy for controlling and optimizing the social uses of its health knowledge of intended objectives.
- The main aim of health policy is decide or complete physical health, mental health, social health.
- Due to changing our nation conditions like population growth, pollutions, new disease conditions.
- we are not insure our development so Ministry of Health release the various health programs and commitment to achieving the goal of happiness or developed nation.



# AIM OF NATIONAL HEALTH POLICY

- The primary aim of the national health policy, 2017 is to **inform, clarify, strength, and prioritize the role of the government** in shaping health system in all its dimension **investments in health organization of health services, prevention of disease, and promotion of good health** through cross sectional actions access to technologies, developing human resources, encouraging medical pluralism, building knowledge base, developing better financial protection strategies, strengthening regulation and health assurance.
- NHP 2017 builds on the progress made since he last NHP 2002. The developments have been captured in the to 2017- National Situation Policy Analyses". Ministry of Health & Family Health document "Backdrop Welfare, Government of India.

# National Health Policy (NHP) 2017

- The NHP-2017 was launched by the Ministry of Health and Family Welfare on 15 March,2017.
- In this policy the focus of the government will shift from care of the sick to welfare of the sick. This is the third NHP government of India.
- The main goal of the NHP 2017 as follows.
- To bring down the mortality rate of children under five years 29(2015) to 23(2025) per thousand live birth.
- To bring the total fertility rate (TFR) to 2.1 and reducing the Maternal mortality rate (MMR) 167 to 100 (2025).
- Target to increase life span from 67.5 to 70 years by 2025 and increase health expenditure from 1.51% of GDP at present to 2.5% by 2025.
- Reducing the IMR (infant mortality rate) from 34 (IN 2016) to 28 (IN 2019).

# PRINCIPLE OF NATIONAL HEALTH POLICIES

1. Professionalism integrity & ethics
2. Equity
3. Affordability
4. Universality
5. Patient centered & quality of care
6. Accountability
7. Inclusive partnerships
8. Pluralism
9. Decentralization
10. Dynamism & adaptiveness



# Key Policy Principles



## 1. Professionalism integrity & ethics:

- The health policy commits itself to the highest profession standards integrity the ethics and ethics to be maintained in the entire system of health care delivery in the country supported by a credible transparent and responsible regulatory environment.

## 2. Equity:

- Reducing inequity would means affirmative action to reach the poorest.
- It would mean minimizing disparity, other forms of social exclusion and geographical barriers.



### 3. Affordability:

- As costs of care increases, affordability, as distinct from equity, requires emphasis.
- Catastrophic household health care expenditures defined as health expenditure exceeding 10% of its total monthly consumption expenditure or 40% of its monthly non food consumption expenditure, are unacceptable.

### 4. Universality:

- Prevention of exclusions on social, economic or on grounds of current health status.



## 5. Patient centered & quality of care:

- Gender sensitive, effective, safe, and convenient healthcare services to be provided with dignity and confidentiality.
- There is need to evolve and disseminate standards and guidelines for all levels of facilities and a system to ensure that the quality of healthcare is not compromised.

## 6. Accountability:

Financial and performance accountability, transparency in decision making, and elimination of corruption in health care systems, both in public and private.



## 7. Inclusive partnerships:

- A multistakeholder approach with partnership & participation of all non health ministries and communities.
- This approach would include partnerships with academic institutions, not for profit agencies, and health care industry as well.

## 8. Pluralism:

- Patients who so choose and when appropriate, would have access to AYUSH care providers based on documented and validated local, home and community based practices.
- These systems, inter alia, would also have Government support in research and supervision to develop and enrich their contribution to meeting the national health goals and objectives through integrative practices.



## 9. Decentralization:

- Decentralization of decision making to a level as is consistent with practical considerations and institutional capacity.
- Community participation in health planning processes, to be promoted side by side.

## 10. Dynamism and Adaptiveness:

- Constantly improving dynamic organization of health care based on new knowledge and evidence with learning from the communities and from national and international knowledge partners is designed.



## Part-4

# **PUBLIC & PRIVATE HEALTH SYSTEM IN INDIA & NATIONAL HEALTH MISSION**



## Points to be covered in this topic:

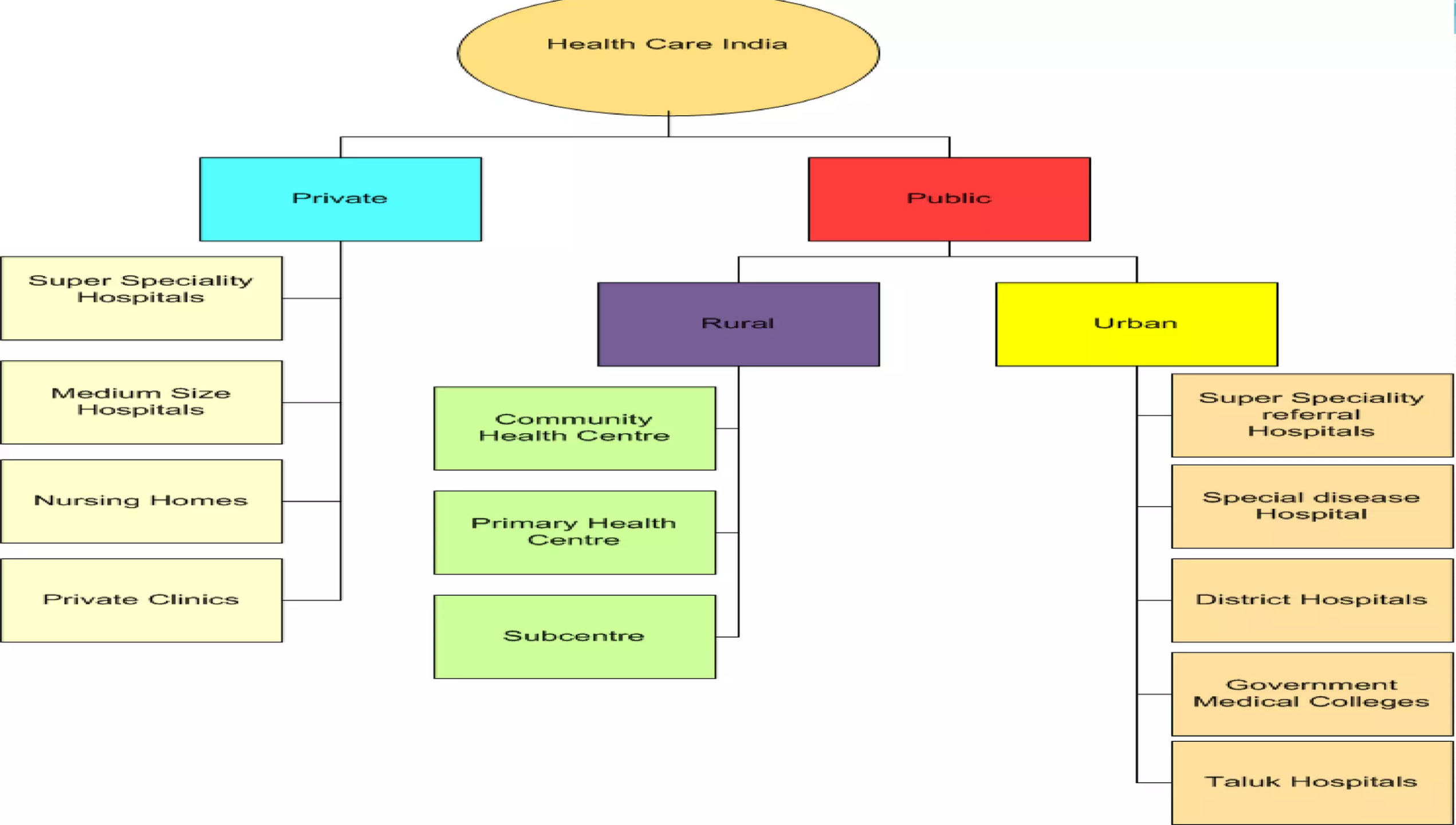
- Introduction
- Public & private healthcare system in India
- Difference between public & private health care system in India
- National health mission
- National rural health mission
- National urban health mission



# INTRODUCTION

## HEALTH CARE SYSTEM IN INDIA:

- Healthcare crisis call for basic healthcare needs like medical care, proper medical professionals & aid, availability of quality hospitals and healthcare systems a criteria which urges the mass to choose between public and private healthcare services in India.
- Indian healthcare delivery system is categorized into two major components:
  - i. Private health care
  - ii. Public health care



## □ Private healthcare:

- Private hospitals are not funded by government
- They are run by one for benefit and all to available services through direct payment.
- Healthcare facilities in the private sector are much more expensive than those in the public sector.
- Private healthcare has the right to refuse treatment to people who they feel are in no position to fend for themselves, but they have to abide by the law of stabilizing anyone who has an emergency.
- The private sector provides the majority of secondary, tertiary and quaternary care institutions with a major concentration in metros, tier-i and tier-ii cities.



- India's competitive advantage lies in its large pool of well-trained medical professionals.
  - Due to a lack of proper infrastructure, people rather choose private rooms than multi-bed rooms.
  - There is an urgent need for better means of noise cancellation and ventilation, improved quality of lighting, supportive workplaces and a developed layout.
- Super specialty hospitals
  - Medium size hospitals
  - Nursing homes
  - Private clinic



## □ Public healthcare:

- Public healthcare systems and hospitals gather their funds from the government which makes it mandatory for them to cater to everyone.
- Everyone first prefers the public sector but after standing in long lines, most of them switch to private care.
- The Government public healthcare system crises limited secondary and tertiary care institutions in key cities and focuses on providing basic healthcare facilities in the form of primary healthcare centers (PHCs) in rural areas.
- A major issue in India's public healthcare system: Shortage of trained medical personnel.



LEVEL	HOSPITALS
Primary level	Primary health centre (PHCs) Cover approx. 20,000-30,000 Sub- health centre (SHCs)
Secondary level	Sub district Community health centre (CHCs) Cover approx. 80,000-1,20,000
Tertiary level	Medical colleges hospital District hospital



# DIFFERENCE BETWEEN PUBLIC & PRIVATE HEALTH CARE SYSTEM IN INDIA

<b>PUBLIC HEALTH CARE</b>	<b>PRIVATE HEALTH CARE</b>
Job satisfaction	Greater choice to consumer
No competition	Not limited by public budget
Equality/ easy access to all	Avoid tendencies to bureaucracy
Cheaper treatment	Quality treatment at unreasonable costs
Merit good	Right to refuse treatment
Government subsidies	
Rationing of budget	

# NATIONAL HEALTH MISSION

- National health mission (NHM) was launched by the government of India in 2013 subsuming the National Rural Health Mission and National Urban Health Mission.
- It was further extended in March 2018, to continue till March 2020.
- Due to the poor knowledge and sources (mainly rural) some people are not able to take the government facilities. For releasing this problem government introduce the new programs (NHM one of them) to full fill the requirement and improve the health of the needy person.





## ➤ NHM components include the:

- Maternal health, Neonatal-child health, Reproductive health, Adolescence health, and against any disease (Tuberculosis, cardio etc.)
- NHM facilities are reached to the people by advertisement, posters, radio, socials media and by newspaper etc.

## ❖ AIM OF NHM:

- i. Improve the health conditions of the people.
- ii. Awareness about Adolescence and bad habits.
- iii. Prevention against disease.
- iv. Improve hygienic condition.
- v. Aware about the natural sources.
- vi. Maintenance of population growth.
- vii. Provide the all facilities to required persons.



## ❖ NHM are divided into two parts:

- 1) National Rural Health Mission
- 2) National Urban Health Mission

### ❑ National Rural Health Mission:

- NRHM was launched in **12 April 2005**, to address the health needs of the Underserved rural population especially women, children, vulnerable sections of the society and to provide affordable, accessible and quality healthcare.
- In NRHM Ayush (Ayurveda, yoga, siddhi, and Unani and homeopathic) for promotion of healthy life style.



➤ National rural health mission has special focus on following 18 states:

Empowered action group (EAG) states	Bihar Jharkhand, MP Chhattisgarh, Up, Uttaranchal, Orissa, Rajasthan
North east states	Assam, Arunachal Pradesh, Manipur, Meghalaya Mizoram Nagaland, Sikkim and Tripura.
Other states	Himachal Pradesh, Jammu and Kashmir

## ➤ AIMS:

- The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care and bridging the gap in rural health care through the creation of a cadre of Accredited Social Health Activist.
- Provision of a female health activist in each village.
- Health & Sanitation Committee of the Panchayat.
- It seeks to improve access of rural people, especially poor women and children, to equitable, affordable, accountable and effective primary healthcare.

## □ National Urban Health Mission (NUHM):

- NUHM approved by the cabinet on 1st May 2013.
- The scheme will now be introduced as a sub-mission under the National Health Mission (NHM)
- The mission will be implemented in 779 cities and towns, each with population of more than 50,000, and cover over 7.75 crore.

### ➤ The NUHM will focus on:

- Urban poor population living in slums.
- All the vulnerable population such as homeless, rag pickers, Street children, rickshaw pullers, kiln workers sex workers, and other temporary migrants.
- Public health focus on sanitation, clean drinking water vector control.

## ➤ GOALS:

- ✓ To improve the health status of the urban population but particularly of the poor and other disadvantaged sections
- By facilitating equitable access to quality health care
- Through a improved public health system.
- Outreach services
- Involvement of the community and urban.

## Part-5

# **MILLENNIUM DEVELOPMENT GOALS, SUSTAINABLE GOALS, FIP DEVELOPMENT GOALS**

## □ MILLENNIUM DEVELOPMENT GOALS:

- The Millennium Development Goals (MDGs) are eight goals to be achieved by 2015 that respond to the world's main development challenges.
- The 8 MDGs break down into 18 quantifiable targets that are measured by 18 indicators. This article comprehensively provides all the details pertaining to Millennium Development Goals (MDGs).
- All 191 United Nations member states, and at least 22 international organizations, committed to help achieve the following Millennium Development Goals by 2015:



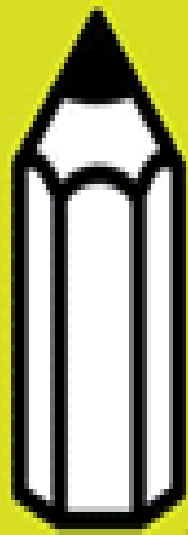
## ➤ The millennium development eight goals for 2015:

1. Eradicate extreme poverty and hunger
2. Improve maternal health
3. Achieve universal primary education
4. Promote gender equality & empower women
5. Reduce child mortality
6. Ensure environmental sustainability
7. Combat HIV/AIDS malaria and other disease
8. Development a global partnership development



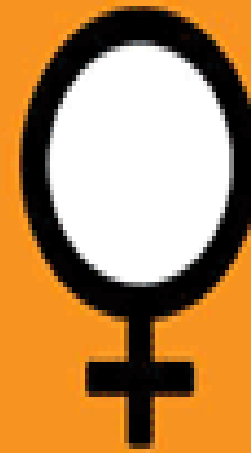
1

Eradicate extreme poverty and hunger



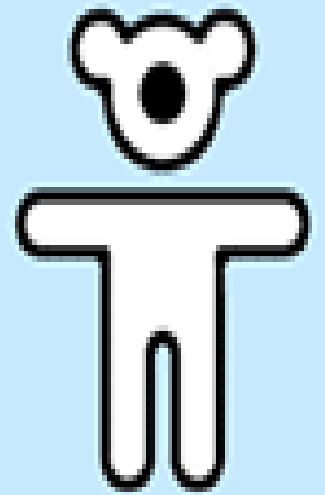
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Achieve universal primary education



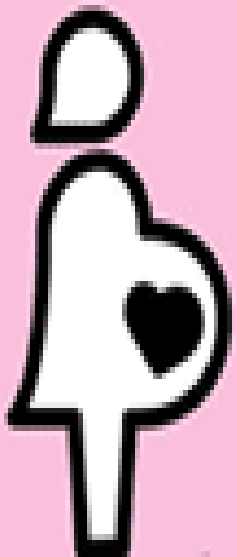
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Promote gender equality and empower women



4

Reduce child mortality



5

Improve maternal health



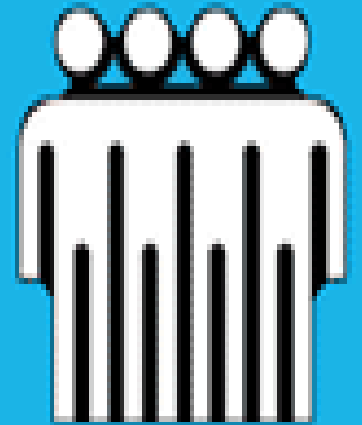
6

Combat HIV/Aids, malaria and other diseases



7

Ensure environmental sustainability



8

Develop a global partnership for development

## □ SUSTAINABLE DEVELOPMENT GOALS:

- The Sustainable Development Goals (SDGs), also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call to action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity.
- The sustainable development goals are a call for action by all countries poor rich and middle income to promote prosperity the planet.
- They recognize that ending poverty must go hand in hand with strategies that build economic growth & address a range of social needs including education, health, social protection & job opportunities, while tackling climate change & environmental protection.
- More important than ever the goals provide a critical framework for COVID-19 recovery.



- The 17 SDGs are integrated-they recognize that action in one area will environmental sustainability. affect outcomes in others, and that development must balance social, economic and environmental sustainability.

➤ The 17 SDGs are:

1. No Poverty
2. Zero Hunger
3. Good Health and Well-being
4. Quality Education
5. Gender Equality
6. Clean Water and Sanitation
7. Affordable and Clean Energy
8. Decent Work and Economic Growth
9. Industry, Innovation and Infrastructure
10. Reducing Inequality
11. Sustainable Cities and Communities
12. Responsible Consumption and Production
13. Climate Action
14. Life Below Water
15. Life On Land
16. Peace, Justice, and Strong Institutions
17. Partnerships for the Goals



# SUSTAINABLE DEVELOPMENT GOALS



## □ FIP DEVELOPMENT GOALS:

- The international pharmaceutical federation (FIP) is the global body representing over 4 millions pharmacist & pharmaceutical scientists.
- They work to meet the world health care needs.
- FIP is a non-governmental organizations that has been in official relations with the organizations since 1948.
- Engagement with pharmaceutical higher education development policies and ready access to leaders.
- Increase the capacity to provide a competent pharmaceutical workforce by developing initial education and training programmer that are fit for purpose, according to national health resource needs (clinical practice, pharmaceutical science areas and across all cadres).



- The Foundation's objectives are to promote the education and research by pharmacists and pharmaceutical scientists within the general fields of design, manufacture, distribution and use of medicines for humans & animals.

### ➤ FIP DEVELOPMENT GOALS:

1. Academic capacity
2. Early career training strategy.
3. Quality assurance
4. Advanced & specialist development
5. Competency development
6. Leadership development
7. Advancing integrated services
8. Working with others
9. Continuing professional development strategies
10. Equity & equality

11. Impact & outcomes
12. Pharmacy intelligence
13. Policy development
14. Medicine expertise
15. People centred care
16. Communicable disease
17. Antimicrobials stewardship
18. Access to medicines devices & services
19. Patient safety
20. Digital health
21. Sustainability in pharmacy





1 | 

ACADEMIC  
CAPACITY

2 | 

EARLY CAREER  
TRAINING  
STRATEGY

3 | 

QUALITY  
ASSURANCE

4 | 

ADVANCED AND  
SPECIALIST  
DEVELOPMENT

5 | 

COMPETENCY  
DEVELOPMENT

6 | 

LEADERSHIP  
DEVELOPMENT

7 | 

ADVANCING  
INTEGRATED  
SERVICES

8 | 

WORKING  
WITH OTHERS

9 | 

CONTINUING  
PROFESSIONAL  
DEVELOPMENT  
STRATEGIES

10 | 

EQUITY &  
EQUALITY

11 | 

IMPACT &  
OUTCOMES

12 | 

PHARMACY  
INTELLIGENCE

13 | 

POLICY  
DEVELOPMENT

14 | 

MEDICINES  
EXPERTISE

15 | 

PEOPLE-  
CENTRED CARE

16 | 

COMMUNICABLE  
DISEASES

17 | 

ANTIMICROBIAL  
STEWARDSHIP

18 | 

ACCESS TO  
MEDICINES,  
DEVICES  
& SERVICES

19 | 

PATIENT  
SAFETY

20 | 

DIGITAL  
HEALTH

21 | 

SUSTAINABILITY  
IN PHARMACY



DEVELOPMENT  
GOALS

**THANK  
YOU!**

