



Draft Bill for a New National Public Health Law

For Prelims: New Health Law Draft, Epidemic Diseases Act, 1897

For Mains: Key issues faced by the healthcare sector of India and steps that can be taken.

Why in News?

Officials from the Union Ministry of Health and Family Welfare and other Government departments have **started the process of finalising various provisions of the draft Bill for a new national public health law.**

- The proposed **National Public Health Act** has been in the works since 2017 and, once enacted, will replace the **125-year-old [Epidemic Diseases Act, 1897](#).**

What is the Background?

- In 2017, the draft of the **Public Health (Prevention, Control and Management of Epidemics, Bio-terrorism and Disasters) Act, 2017** was released.
- In September, 2020, it was announced that the Government would **formulate a national public health law** (National Public Health Bill).

What are the Expected Provisions of the Draft Bill?

- **Four-tier Health Administration Architecture:**
 - The draft Bill proposes a **four-tier health administration architecture**, with “multisectoral” national, state, district and block-level public health authorities who will have **“well defined” powers and functions to deal with “public health emergencies”**.
 - It is proposed to be **headed by the Union Health Ministry**, and be chaired by **health ministers of states**.
 - **District Collectors will lead the next tier**, and block units will be headed by Block Medical Officers or Medical Superintendents.
 - These authorities **will have powers to take measures for the prevention of [non-communicable diseases](#)** and emerging infectious diseases.
- **Creation of Public Health Cadres:**
 - The proposed law also **provides for creation of public health cadres** at national and state levels.
- **Definition of Isolation, Quarantine and Lockdown:**
 - The draft Bill has defined various measures such as **isolation, quarantine and lockdown**, which have been extensively invoked by the Centre and states for Covid

management.

- It defines a lockdown as “**restriction with certain conditions or complete prohibition** of running any form of transport” on roads or [inland water](#).
- The definition of a **lockdown covers “restrictions” on the movement or gathering of persons** in any place whether public or private.
 - It also includes “**prohibiting or restricting” the working of factories, plants, mining or construction or offices or Educational institutions or market places.**

▪ **Situation for Declaring Public Health Emergency:**

- The draft lays down several situations in which “**public health emergency” can be declared.** They include
 - [bioterrorism](#)
 - appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;
 - a [natural disaster](#)
 - a [chemical attack](#) or accidental release of chemicals
 - a [nuclear attack or accident](#).

What is the State of India’s Healthcare System?

▪ **Increased Expenditure on Health:**

- According to the recently released [National Health Accounts \(NHA\) report for 2017-18](#), the government has increased the expenditure on health, making the decline of [Out-Of Pocket Expenditure \(OOPE\)](#) to **48.8% in 2017-18 from 64.2% in 2013-14.**
 - It shows that **total public spending on health** as a percentage of GDP has increased to a **historic high of 1.35% of GDP breaking through the 1%-1.2% mark of GDP.**

▪ **Share of Primary Health Care:** The share of primary healthcare in current Government health expenditure has increased from **51.1% in 2013-14 to 54.7% in 2017-18.**

- Primary and secondary care accounts for more than **80% of the current Government health expenditure.**

▪ **Social Security Expenditure on Health:** The share of **social security expenditure on health**, which includes the social health insurance programme, Government financed [health insurance schemes](#), and medical reimbursements made to Government employees, has increased.

What are the issues with Healthcare Infrastructure?

▪ **Issues of Healthcare Insurance:** In a recently released [report by NITI Aayog](#), at least **30% of the population, or 40 crore individuals** (referred as the missing middle in this report) are devoid of any financial protection for health.

- Additionally, the high **18% GST on insurance premiums** further discourages people from opting for health insurance.

▪ **Lack of Private Sector Involvement:** The **primary healthcare sector is not one that will result in profits** but provides more of basic level healthcare which is why the burden across the world for primary health care largely lies on the governments; it is more in the public domain rather than in the private domain.

▪ **Lack of Original Molecular Development:** India is the **pharmacy to the world** because the drug manufacturing in India is quite robust. However, **due to lack of financing, there is no or very little original molecular development** which is required as inputs into drug manufacturing.

- This area **requires impetus from the government** so that India's production can be updated along frontier medicines too rather than only on generic medicines.

What are the Initiatives related to the Health Sector?

- [National Health Policy, 2017](#)
- [Ayushman Bharat Health Infrastructure Mission](#)
- [Ayushman Bharat Digital Mission](#)
- [PM Atmanirbhar Swasth Bharat Scheme](#)
- [Pradhan Mantri Swasthya Suraksha Yojana](#)
- [Jan Aushadhi Yojana](#)

Way Forward

- **India's health system needs more government funding for health.** However, when it comes to [Urban Local Bodies](#), this has to be a blend of incremental financial allocations supplemented by elected representatives showing health leadership.
- It also **requires multiple agencies coordinating with each other**, increased citizen engagement in health, setting up of accountability mechanisms and guiding the process under a multidisciplinary group of technical and health experts.
- To bring down costs beyond a few islands of excellence such as the AIIMS, investments in other medical colleges shall be encouraged to possibly bring down costs and ramp up quality of health services.
- **Incentivising R&D (Research and Development)** by additional tax deductions to further support greater investments in new drug developments and reducing GST (Goods and Services Tax) on life-saving and essential drugs.

Source: IE

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