



## 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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