

ISSN 0970-7247

THIRD CONCEPT

English Monthly
Annual Subscription Rs. 200

Vol. 31

No. 362

APRIL 2017

Rs. 20.00

- ❖ **Saudi Arabian Regional Leadership**
- ❖ **Media and Society in Bosnia**
- ❖ **Women Empowerment in India**
- ❖ **Female Education in India**
- ❖ **Women & Governance in J&K**
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An International Journal of Ideas

Vol. 31 No. 362 APRIL 2017 Rs. 20. 00

Third Concept aims at providing a platform where a meaningful exchange of ideas can take place among the people of the Third World. The attempt will be to communicate, debate and disseminate information, ideas and alternatives for the resolution of the common problems facing humankind. We welcome contributions from academics, journalists and even from those who may never have published anything before. The only requirement is a concern for and desire to understand and take the issue of our time. Contributions may be descriptive, analytical or theoretical. They may be in the form of original articles, reactions to previous contributions, or even a comment on a prevailing situation. All contributions, neatly typed in double space, may be addressed to:

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Published, Printed and Owned by
Babuddin Khan
Third Concept
LB - 39, Prakash Deep Building,
7, Tolstoy Marg, New Delhi-110 001.
Phones : 23711092, 23712249
Fax No: 23711092.
E-mail : third.concept@rediffmail.com
Website: www.thirdconceptjournal.co.in

Designed by: Pt. Tejpal

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New Health Policy

Union Government has unveiled New Health Policy 2017 (NHP 2017), which seems to be high on promises and it is to be seen whether it will be able to fulfill those promises or will remain low on delivery. Some of the tangible promises envisaged in NHP 2017, *inter alia*, include: raising the allocation for health to 2.5 per cent of GDP, improving hospital bed availability, reforms in medical and paramedic education, strategic purchasing of private care for poor families/underserved areas through public-private-partnerships (PPPs), management of determinants, control/elimination of communicable and non-communicable diseases. The NHP also promises to address issues pertaining to mental health, tele-medicine, health information, medical research, control of quality and cost of drugs/implants and diagnostics, regulation of the health care sector, mainstreaming and enhancement of AYUSH, priority to good quality and accessible primary care (which gets two-thirds allocation of funds) more than secondary tertiary care. It also promises to strengthen public facilities and making them accountable for quality of care.

However, many experts opine that bulk of these promises constitute a part of wishful thinking on the part of the government. Government's declaration of increasing health spending from the current level of 1 per cent to 2.5 per cent of GDP from the by 2025 seems unattainable and is just postponing the problem. Under the existing situation, a 2 per cent allocation is required right now to fill empty posts (30 per cent to 60 per cent of posts of doctors are vacant) and ensure the payment of Seventh Central Pay Commission rates to the health-medical establishment. In view of the fact that India is already at the bottom of BRICS (Brazil, Russia, India, China and South Africa) in public funding on health, one wonders as to from where government will find the money to meet these targets. Undoubtedly, the plan to set up screening centres for hypertension, diabetes and oral, breast and cervical cancers in 1.5 lakh primary health centres that will henceforth be called by the catchier name of 'wellness centres' seem attractive; nevertheless, some experts point out that given the existing pitiable state of the public health delivery system, the government may have turned a blind eye to the cultural, technological and economic obstacles that will hobble this aim.

Generally speaking, the health policy is seemingly strong on intentions but falls short on embracing the tough options that accompany a shift from acute care to preventive health. These include changes in medical education curricula and research and intensive training in the science and practice of cost-effective health promotion. Healthcare system in India is already faced with major problem of declining quality and affordability of medical education and the paucity of trained nurses and paramedics. Issues about AYUSH doctors using modern medicine and ubiquitous quacks, especially in the northern and north-eastern states, are neglected issues. The health system is layered as primary, secondary and tertiary (specialty) care, but the latter is dominating the private sector, entailing high cost and deprivations.

Nevertheless, India is the global hub for low-cost pharmaceutical industry; however, drug prices are still exploitative. The neglect of 'health-determinants' of water safety, sanitation and waste management, pollution, occupational hazards, tobacco and addictions continue to increase ill-health etc have made affordable and quality healthcare for all an elusive dream. The proposed move for national medical commission envisaged in the NHP 2017 entails the potential of bringing more bureaucratic blocks and more centralization of human resource policies. Besides, new policy's silence on the rural doctors' course and emphasis on bridge courses and substitutes entails the likelihood of the human resource gaps haunting the people in most of northern and eastern parts of India. Apart from human resources gaps, especially in the rural areas, other key issues like under-utilization of resources, poor quality control and a patchy track record in scaling up experiments in public-private partnerships to meet challenges etc are missing from the new policy. In the wake of poor implementation of existing legislation, accountability and quality standards vary widely across India. On the whole, the NHP 2017 will remain hollow if it fails to make affordable and good healthcare as the guiding principle and lays down an appropriate ecosystem to come up to the people's expectations of an affordable, responsive and proactive healthcare system.

— BK