



# Public Health care : India An Overview

**State Institute of Health & Family Welfare, Jaipur**



Constitutional commitment:

Health: State subject

Central List

International Health, Port Health  
Research

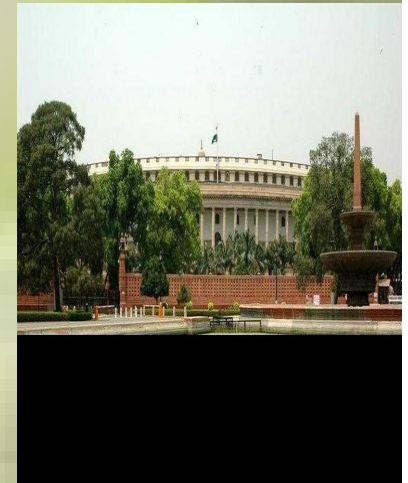
Technical & Scientific Education

State List

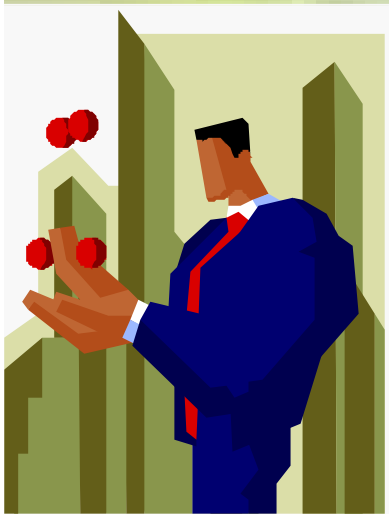
All other Health issues

Concurrent list

Epidemics



# Mile stones:



**Juggling  
Priorities**

**NRHM-2005**  
**NHP-2002**  
**NPP-2000**

**RCH-1996**

**UIP-1985**  
**NHP-1983**

**Alma Ata-1978 (HFA)**  
**Small pox eradicated-July 5, 1975**

**NFPP-1952**  
**India Joins WHO-1948**



**HSDC-1946**





- NO Health Policy for 36 years
- Committees and Commissions
- Single issue addressed by Committee
- Comprehension was missing
- recommendations- reiterations of Bhore Committee.
- Individual “Health” Programs - situational exigency.
- Uni-purpose workers later baptized as Multi-purpose.
- Programs worked in complete isolation till 1980 (e.g. NTCP).
- Fragmented approach to Health



# Still...62 yrs. of Health Services

- Crude Death Rate ?
- Crude birth rate ?
- Life expectancy ?
- S.pox & G. worm eradicated
- Leprosy eliminated
- IMR ?
- Infrastructure – expanded



# Public Health

- Well developed administrative system
- Skills
- Reasonable Infrastructure
  - Poor health outcomes
- Design
- Misdirected efforts



<b>Five year Plan</b>	<b>Period</b>	<b>Major areas addressed</b>
I	1951-55	Infrastructure
II	1956-61	Industry
III	1961-66	Panchayat & Green Revolution
IV	1969-74	Expenditure , Agriculture
V	1974-79	Agriculture
VI	1980-85	Health , Technology
VII	1985-89	Poverty, Agriculture & Justice
VIII	1992-97	Pop., Agriculture , Poverty
IX	1997-02	Employment, Basic facilities
X	2002-07	HRD, Industry, Technology
XI	2007-12	Education, Health, Empowerment



# Bhore Committee, 1946



PHCS : nodal points for Health care  
Phased expansion  
Prevention stressed

Population based



# Health –State subject ?

- Centralized planning
- Decentralized implementation
- Fiscal control of central Govt.
- Centre dictates States for Objectives & Priorities



# Health care in India

- Entitlements by policy and not rights
- Focus on preventive and promotive care
- Grossly under-provided facilities
- Poor investments hitherto
- Declining public expenditures and new investments
- Structural Adjustment programming under World Bank dictate



# Core functions of Public Health

- Monitoring health situation
- Disease surveillance
- Health promotion
- Regulations
- Partnerships
- Planning & Policies
- HRD
- Reducing impact of emergencies on health



# Health- A Dynamic Phenomenon

Health System ought to be, for-

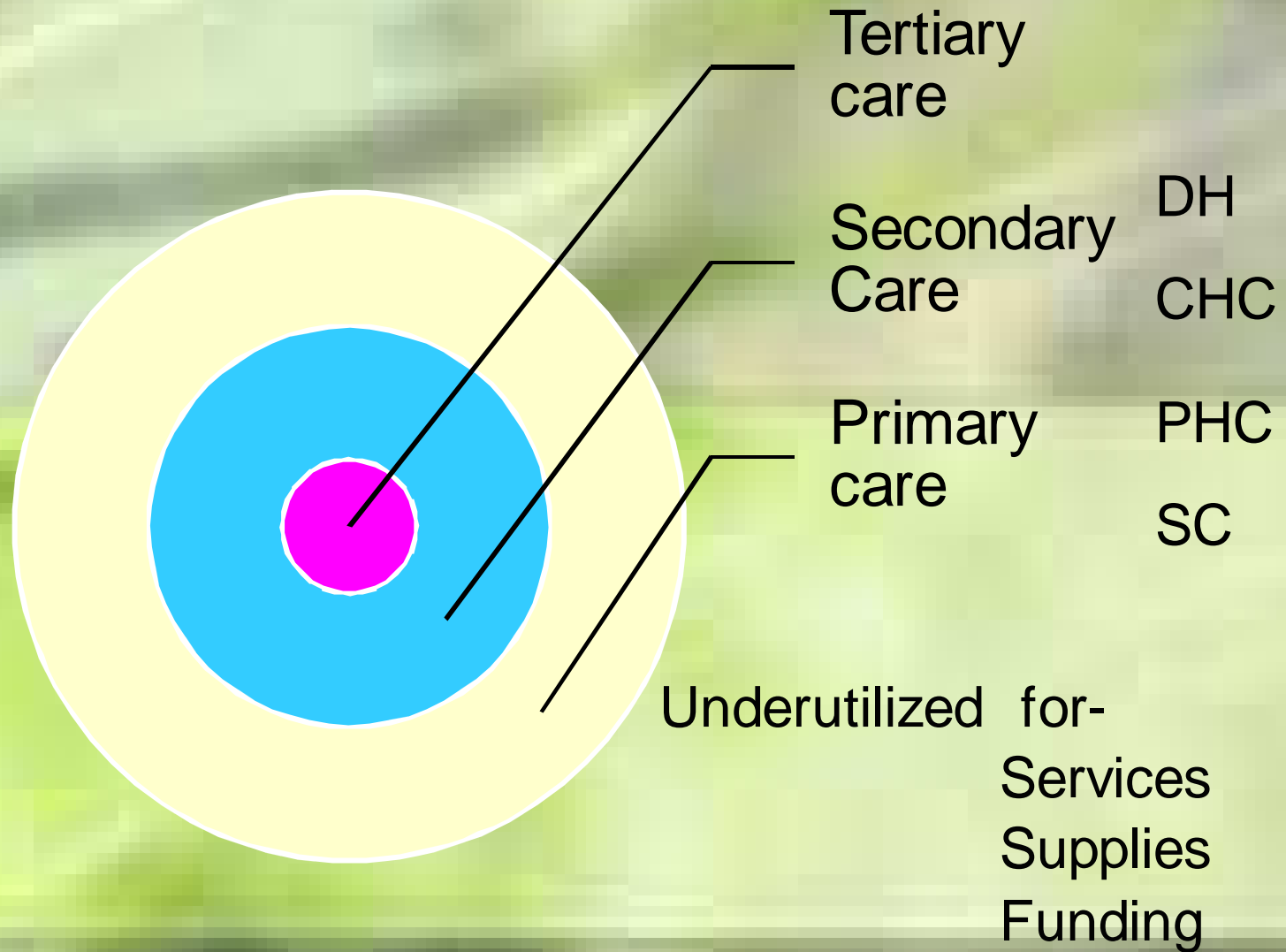
- a. Rising costs,
- b. Changing political situations, and
- c. Social contexts (expectations of people from System)



# Public Health– Dilemma:

- Equity and Equality
- Quantity and Quality
- Public/Private/ Voluntary sector
- Education/ Persuasion/ Coercion
- Professional/ Para Prof/ Auxiliaries
- Privatization/ Disinvestment

# Service delivery:3-tier structure



# Committees & Commissions



- **1959-62 Mudaliar committee** (Health Survey And Planning Committee)
  - Health services restructuring
- **1963: Chaddah committee**
  - TOR-Malaria
- **1964: Mukherjee committee**
  - Family planning
- **1964-67: Junglewala committee**
  - Integration Of Health Services
- **1972-73: Kartar Singh committee**
  - MPW scheme
- **1974-75: Srivastav committee**
  - Medical Education & Support Man-Power



# Problems:

- Indirectly related to health
  - Environment
  - Education
  - Empowerment
- Directly affecting Health
  - Diseases
    - Communicable
    - Non Communicable
    - New emerging
  - Fertility
    - Population
    - Growth rate
    - Total Fertility
  - Nutrition
    - Malnutrition
    - Obesity



# Problems - Why

- Access
- Availability
- Utilization

# Challenges



- Manpower- Number & Norms
- Rural / Urban differential
- Geographical divide across States
- S-E groups –accessibility/ reach
- Gaps between Policy & Action
- Health sector expenditure
- Newer Infections

# CHCs – IPHS Vs PG seats (March 2008)





# Rural : Urban Differentials

<b>Sector</b>	<b>Pop. BPL (%) (NHP 07- 08) ref. period '04-'05</b>	<b>IMR/ Per 1000 Live Births (2009, SRS)</b>	<b>&lt;5Mortality Per 1000 (NFHS III)</b>	<b>Weight For Age- % of Children Under 3 years (&lt;2SD)</b>
<b>India</b>	<b>27.5</b>	<b>53</b>	<b>74.3</b>	<b>44.9</b>
<b>Rural</b>	<b>28.2</b>	<b>58</b>	<b>82</b>	<b>45.6</b>
<b>Urban</b>	<b>25.7</b>	<b>36</b>	<b>51.7</b>	<b>32.7</b>

# Differentials in Health Status Among States



Better States	Pop. BPL (%) (NHP 07-08)@	IMR (Oct. 2009 SRS)	<5Mortality (NFHS III)	Weight For Age-% of Children Under 5 years (<2SD) (NFHS III)	MMR (SRS Spl. Bulletin , Apr. '09)\$	Leprosy cases per 10000 population (NHP 07-08)	Malaria +ve Cases (NHP 07-08)
Kerala	15.0	12	16.3	22.9	95	0.23	1804
Bihar	41.4	56	84.8	55.9	312	1.04	1707
<b>Raj.</b>	22.1	63	85.4	39.9	388	0.19	57482
<b>UP</b>	32.8	67	96.4	42.4	440	0.94	93383

@ref. period '04-'05  
 \$ ref. period 2004-06



# Health status Differentials among Socio-Economic Groups(NFHS III)

Indicator	Infant Mortality	<5 Mortality	% Children Underweight Under 3 years (<2SD)
<b><u>India</u></b>	57	74.3	44.9
<b>Social Inequity</b>			
S/C	50.7	65.4	47.9
S/T	43.8	53.8	54.5
OBC	42.2	54.5	43.2
Others	36.1	42.1	33.7



# Total Govt. Expenditure on Health as % of GDP

Source: CBHI, NHP, 2006



# Goals : 2000-2015



Eradicate Polio and Yaws	2005
Eliminate Leprosy	2005
Eliminate Kalazar	2010
Eliminate Lymphatic Filariasis	2015
Achieve Zero level growth of HIV/AIDS	2007
Reduce Mortality by 50% on account of TB, Malaria and Other Vector and Water Borne diseases	2010
Reduce Prevalence of Blindness to 0.5%	2010
Reduce IMR to 30/1000 And MMR to 100/Lakh	2010
Increase utilization of public health facilities from current Level of <20 to >75%	2010
Establish an integrated system of surveillance, National Health	2005



# Health care Governance in India

# Health System's Organization-India



# Role of Central Govt. in Health Care



- Policy formulation
- Maintaining International health relations
- Administration of central health institutions
- Regulating Medical education through statutory bodies-MCI/DCI/Councils
- Medical & Public health research-funding
- Standards- laying & maintenance(Drugs/Education)
- Coordination-Other ministries/States/Statutory bodies
- Central Health Acts
- Negotiation with International agencies

# Functions of Dept of Family Welfare



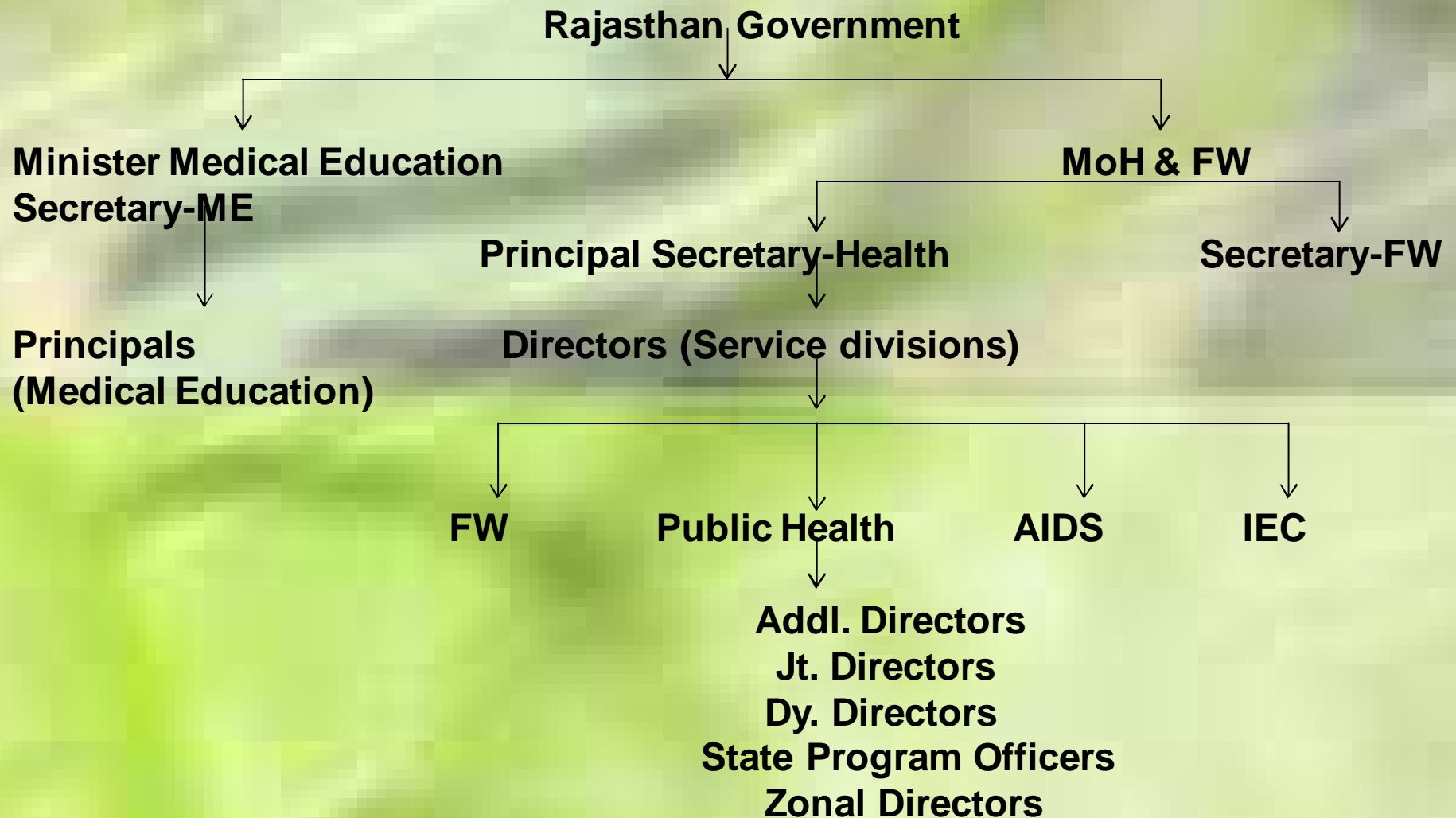
- Policy preparation & Planning
- Information collection & Evaluation
- Contraceptive-Research /Supply
- Seeking International support
- EPI/UIP/CSSM/RCH/ARI/ORT-Trainings & area development
- IEC
- Rural Health
- Paraprofessional training
- NGO support
- Development of Sub-center

# Functions of Medical & Public Health



- Health Policy preparation
- National Health Programs conduction
- Drug Control
- PFA enforcement
- Diseases control-  
Communicable/Non-communicable
- Supplies & Disposal Maintenance
- CME & Trainings
- Medical Education & Research
- Vital statistics & Health intelligence
- International support

# Organization at State level





# District Health Care Administration



# District

An Administrative unit

Defined Geographical boundary and Population

- Peripheral most Planning unit
- A self contained segment of National Health System

# District Health Organization



CMHO  
(Rural), Preventive

PMO  
(Urban), Curative

Dy. CMHO ↓ Program Officers  
(registered society-DHS)

Block CM&HO  
C H C

Pop.-80000-120000  
Beds(30)

Specialists(7-IPHS)  
Referral

P H C

Pop.20-30000

Primary health

Medical Officer(2-IPHS)

SC (3-5000) HW-M/F  
SBA/AWW/VHG/ASHA



# Functions of District Health System

- Liaison between Field units & Headquarter
  - Field reports
  - Inspections
  - Meetings
- Implementation of Policy & Programs
- District level planning & Action Plans
- Rationale use of Finance & Resources
- Communication Management
  - Plans/Schedules/Progress/Problems
- Control & Monitoring



# Problem Areas at District

- Quantity v/s Quality
- Cluttered Policy guidelines
- Decentralization on papers
- Roles/Responsibilities poorly defined
- Program integration ?
- HMIS-generation & use ?
- Managerial skills
- Donor initiative – “Societies”
- Resource restriction



# Rural Health services

- Institution–
  - Primary Health Centers(20-30000)
- Functions-
  - Medical Care
  - RCH services
    - Immunization
    - Child Health
    - Obstetric services
  - MTP
  - NHP
  - School Health
  - Environment
  - Health/ Nutrition education
  - Management



# Manpower at PHC

	<b>Existing</b>	<b>Recommended (IPHS)</b>
Medical Officer	1	2(one AYUSH or LMO)
Pharmacist	1	1
Nurse-midwife (Staff (Nurse)	1	3 (for 24-hour PHCs) (2 may be contractual)
Health workers (F)	1	1
Health Educator	1	1
Health Asstt. (M&F)	2	2
Clerks	2	2
Laboratory Technician	1	1
Driver	1	Optional/vehicles out-sourced.
Class IV	4	4
Total	15	17/18



- Sub-Centre (3-5000)
- Manpower- Male & Female Health Worker, Additional ANM under IPHS/ NRHM
- Support manpower-
  - VHG
  - SBA
  - AWW
  - ASHA
  - Jan Mangal Couples



# Thank You

For more details log on to  
[www. sihfwrajasthan.com](http://www.sihfwrajasthan.com)  
or  
contact : Director-SIHFW  
on

[sihfwraj@yahoo.co.in](mailto:sihfwraj@yahoo.co.in)