Health for All

- *Dr. Prema Ramachandran , Adviser, Health, Planning Commission*

India was one of the pioneers in health service planning with a focus on primary health care. In 1946, the Health Survey and Development Committee, headed by Sir Joseph Bhore recommended establishment of a well-structured and comprehensive health service with a sound primary health care infrastructure. This report not only provided a historical landmark in the development of the public health system but also laid down the blueprint of subsequent health planning and development in independent India.

Improvement in the health status of the population has been one of the major thrust areas for the social development programmes of the country. This was to be achieved through improving the access to and utilization of Health, Family Welfare and Nutrition Services with special focus on underserved and under privileged segment of population. Main responsibility of infrastructure and manpower building rests with the State Government supplemented by funds from the Central Government and external assistance. Major disease control programmes and the Family Welfare Programmes are funded by the Centre (some with assistance from external agencies) and are implemented through the State infrastructure. The food supplementation programmes for mothers and children are funded by the State and implemented through the ICDS infrastructure funded by the Central Government. Safe drinking water and environmental sanitation are essential pre-requisites for health. Initially these two activities were funded by the Health Department, but subsequently Dept. of Urban and Rural Development and Dept. of Environment fund these activities both in the State and Centre.

At the time of Independence, the country's health care infrastructure was mainly urban and clinic based. The hospitals and clinics provided curative care to patients who came to them. Outreach of services in the rural areas was very limited; there were very few preventive and rehabilitative services available. From the First five-year Plan, Central and State Governments made efforts to build up primary, secondary and tertiary care institutions and to link them through appropriate referral systems. The private and voluntary sector also tried to cater to the health care needs of the population Efforts to train adequate number of medical, dental and paramedical personnel were also taken up. National Programmes for combating major public health problems were evolved and implemented during the last fifty years. Efforts to further improve the health status of the population by optimising coverage and quality of care by

identifying and rectifying the critical gaps in infrastructure, manpower, equipment, essential diagnostic reagents, drugs and enhancing the efficiency of the health system are underway.

Improvement in coverage and quality of health care and implementation of disease control programmes resulted in steep decline in the crude death rate (CDR) from 25.1 in 1951 to 9.0 in 1996. Life expectancy rose from 32 years in 1947 to 61.1 years in 1991-96 with female life expectancy (61.7 yr.) higher than the male (60.6 yr.). However, the morbidity due to common communicable and nutrition - related diseases continue to be high. Morbidity due to non-communicable diseases is showing a progressive increase because of increasing longevity and alterations in life style. During the Ninth Plan efforts will have to be made to tackle this dual disease burden effectively so that there is sustained improvement in the health status of the population.

India today has a vast network of governmental, voluntary and private health infrastructure manned by large number of medical and paramedical persons.

Current problems faced by the health care services include:

- Persistent gaps in manpower and infrastructure especially at the primary health care level.
- Suboptimal functioning of the infrastructure; poor referral services.
- Plethora of hospitals not having appropriate manpower, diagnostic and therapeutic services and drugs, in Govt., voluntary and private sector;
- Massive interstate/ inter district differences in performance as assessed by health and demographic indices; availability and utilisation of services are poorest in the most needy states/districts.
- Sub optimal inter sectoral coordination
- Increasing dual disease burden of communicable and non-communicable diseases because of ongoing demographic, lifestyle and environmental transitions,
- Technological advances which widen the spectrum of possible interventions
- Increasing awareness and expectations of the population regarding health care services
- Escalating costs of health care, ever widening gaps between what is possible and what the individual or the country can afford.
- The Special Action Plan for Health envisages expansion and improvement of the health services to meet the increasing health care needs of the population; no specific targets have been set.

During the Ninth Plan efforts will be further intensified to improve the health status of the population by optimising coverage and quality of care by identifying and rectifying the critical gaps in infrastructure, manpower, equipment, essential diagnostic reagents and drugs. Efforts will be directed to improve functional efficiency of the health care system through:

- Creation of a functional, reliable health management information system and training and deployment of health manpower with requisite professional competence
- Multi professional education to promote team work
- Skill up gradation of all categories of health personnel, as a part of structured continuing education
- Improving operational efficiency through health services research.
- Increasing awareness of the community through health education.
- Increasing accountability and responsiveness to health needs of the people by increasing utilisation of the Panchayati Raj institutions in local planning and monitoring
- Making use of available local and community resources so that operational efficiency and quality of services improve and the services are made more responsive to user's needs.

Approach during the Ninth Plan: The approach during the Ninth Plan will be:

- An absolute and total commitment to improve access to, and enhance the quality of, primary health care in urban and rural areas by providing an optimally functioning primary health care system as a part of the Basic Minimum Services;
- To improve the efficiency of existing health care infrastructure at primary, secondary and tertiary care settings through appropriate institutional strengthening, improvement of referral linkages and operationalisation of Health Management Information System (HMIS);
- To promote the development of human resources for health, adequate in quantity and appropriate in quality so that access to essential health care services is available to all so that there is improvement in the health status of community, periodically organise programmes for continuing education in health sciences, update knowledge and upgrade skills of all workers and promote cohesive team work;
- To improve the effectiveness of existing programs for control of communicable diseases to achieve horizontal integration of ongoing vertical programmes at the district and below

district level; to strengthen the disease surveillance with the focus on rapid recognition, reporting and response at district level; to promote production and distribution of appropriate vaccines of assured quality at affordable cost; to improve water quality and environmental sanitation; to improve hospital infection control and waste management;

- To develop and implement integrated non-communicable disease prevention and control program within the existing health care infrastructure;
- To undertake screening for common nutritional deficiencies especially in vulnerable groups and initiate appropriate remedial measures; to evolve and effectively implement programmes for improving nutritional status, including micronutrient status of the population;
- To strengthen programmes for prevention, detection and management of health consequences of the continuing deterioration of the ecosystems; to improve linkage between data from ongoing environmental monitoring and that on health status of the population residing in the area including health impact assessment as a part of environmental impact assessment in developmental projects;
- To improve the safety of the work environment and worker's health in organised and unorganised industrial and agricultural sectors especially among vulnerable groups of the population;
- To develop capabilities at all levels for emergency and disaster prevention and management; to implement appropriate management systems for emergency, disaster, accident and trauma care at all levels of health care;
- To ensure effective implementation of the provisions for food and drug safety; strengthen the food and drug administration both at the Centre and in the States;
- To increase the involvement of ISM&H practitioners in meeting the health care needs of the population;
- To enhance research capability with a view to strengthening basic, clinical and health systems research aimed at improving the quality and outreach of services at various levels of health care;
- To increase the involvement of voluntary, private organisations and self-help groups in the provision of health care and ensure inter-sectoral coordination in implementation of health programmes and health-related activities;
- To enable the Panchayati Raj Institutions (PRI) in planning and monitoring of health programmes at the local level so that there is greater responsiveness to health needs of

the people and greater accountability; to promote inter-sectoral coordination and utilise local and community resources for health care