Status of Health in India and its Future Prospects

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Introduction

THE DEMOCRATIC Republic of India has a federal structure consisting of 25 States and 7 UTs. India presents a unique case in terms of sheer size of its population, characterized by heterogeneity in respect of physical, economic, social and cultural conditions.

India achieved independence in 1947. Soon thereafter, in 1951, India initiated the process of planned development to raise the living standard of its people, and to open up for them new opportunities for a richer and more varied life. Its population of 342 million (1947) doubled in 1981 to 685 million and the present estimate of the population as on Ist March, 1989 is about 806.7 million and of which about 76% resides in almost 6 lakh villages, spread over 448 districts. According to Expert Committee on Population Projection, India's population will be 837.25 million as on Ist March, 1991 and 986.10 million as on Ist March, 2001 (medium projection). India is predominantly an agricultural country, however, it is estimated that the percentage of urban population will increase to 27.4% by 1991 to 32.0% by 2000 A.D. The per capita national income (1986-87) at constant prices of 1980-81, was Rs.1,869.30. The level of literacy, as per 1981 census was 36.23%. Exceeding 40% population in rural area and 28% population in urban area is living below the poverty line (1983-84) and the overall percentage of population below the poverty line is 37.4% (1983-84).

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Health Implies

Health implies more than an absence of disease. The World Health Organization (WHO) defines health as "state of physical, mental and social well-being which is essential for leading productive life and it is not merely the absence of illness, disease or infirmity." It, therefore, indicates a state of harmonious functioning of the body and mind in relation to physical and social environment, to enjoy life to the fullest possible extent and to achieve maximum level of productive capacity. For an assessment of the state of health, we have to rely on the health information, which gives us certain indicators of a given situation in the country. Limitations are obvious. In order to have better indications, information has to be reliable, valid and also comparable.

Constitutional Provisions

The Constitution of India envisages to establish a new social order based on equality, freedom, justice and the dignity of the individual. It aims at elimination of poverty, ignorance and ill-health, and directs the State with regard to raising the level of nutrition and standard of living of the people and amongst its primary duty, securing the health and strength of workers, men and women, especially ensuring children are given opportunities to develop in a healthy manner. Constitutionally, while public health, sanitation, hospitals and dispensaries are the responsibilities of the State, population control and family planning, drugs, prevention of food adulteration are concurrent subjects.

Level of Health

Before 1947, it may be stated the health situation in the country was grim. However, with the successive Five Year Plans, and the sustained efforts at implementation, we have achieved a significant improvement in the health status of the people of our country. The majority rate has declined from 27.4 (1941-51) to 10.9 (1987). The infant mortality rate has come down to 95 (1987) from 134 (1946-50). The expectation of life at birth has increased to 58.6 years (1986-91) which was at the level of 32 years during 1951. Plague, which was a common killer disease, is not heard of now. Smallpox has been eradicated. Malaria which prior to 1950, used to take a heavy toll of about 8 lakh lives, with an incidence of almost 7.5 crores cases a year, has been controlled to a large extent, the incidence having fallen to 16.63 lakh (1987 provisional) and the number of deaths was just 185 (1987) only.

Inspite of these mentionable achievements, the health care system continues to suffer from several deficiencies. Many diseases like Tetanus, Polio, Goitre, Tuberculosis, Leprosy, Blindness, Guinea Worm, Cancer, Diarrhoea continue to be a menace accounting largely for the high rate of infant mortality. Most of our villages do not still have a source of safe drinking water supply, resulting in the prevalence of a variety of water-borne diseases. As on April

1, 1985, the number of problem villages was 1,61,722 out of which, 1,40,352 villages were covered during 1985-86 to 1987-88. About 21 thousand villages are till problem villages in so far as rural water supply is concerned.

Historical Development

The health care measures formulated and implemented in the successive Five Year Plans have generally been based on the approaches recommended by the Bhore Committee (1946) and the Mudaliar Committee (1961). In the past there has been considerable rethinking on the social, economic, technological and philosophical aspects of the health care services structure in the country. Over the past exceeding four decades, the health services organization and infrastructure have undergone enormous changes and extension in stages following review by a number of expert committees, namely Bhore Committee, (1946), Mudaliar Committee (1961), Chadha Committee (1963), Mukherjee Committee (1966), Jungalwalla Committee (1967), Kartar Singh Committee (1973), Srivastava Committee (1975) and J.S. Bajaj Committee (1986). Health development is a continuous ongoing process and, therefore, from time to time strategies for development of health services have to be reviewed and altered in tune with the overall development plan.

India is a signatory to the Alma Ata Declaration (1978) and is committed to attaining the goal of "Health For All", by the year 2000 A.D. through the primary health care approach. Consequently, while formulating the Sixth Plan, 1980-85, a critical review was made of the approaches adopted in the earlier Five Year Plans. Based on these a long term perspective plan was outlined by the Government for achieving the HFA goals. Efforts were initiated for the formulation of the National Health Policy keeping in view the HFA principles and strategies. The National Health Policy was finally adopted by the Parliament in 1983. These strategies were also incorporated in the Sixth and Seventh Five Year Plans.

After India became a signatory to the Alma Ata Declaration of 1978, the Government has started concentrating on the development of rural health infrastructure so as to provide health care services to about 80% of rural population, which had by and large remained neglected. The stress in the National Health Policy is on the provision of preventive, promotive and rehabilitative health services to the people, thus representing a shift from medical care to health care and urban to rural population. The main objective is to place the health of the people in the hands of the people through the primary health care approach. Further, health and family welfare services had been given due importance in the Twenty Point Programme. Such important programmes like "clean drinking water", "Health for All" and "two child norm" were included in the new Twenty Point Programme approach in conformity with Alma Ata Declaration that the main social target of Governments should be the attainment of a level of health that will permit them to lead a socially and economically productive life.

Primary Health Care

Primary Health Care has been defined as an essential health care which should be based on practical, scientifically sound and socially acceptable methods and technology. It should be made universally accessible to the individuals and the family in the community through their full participation. It is to be made available at a cost which the community of the country can afford to maintain at every stage of its development in a spirit of self-reliance and self-determination. It is the first level of contact of the individuals, the family and the community with the National Health System thus bringing primary health care as close as possible to where the people live and work.

In the rural areas, services are provided through a network of integrated health and family welfare delivery system. In a village of about 1000 population, there is one Health Guide and one trained Dai (traditional birth attendant) and both are selected from the community and by the community. The most peripheral health institutional facility is available at a sub-centre, which covers on average a population of 5000 in general and 3000 in hilly, tribal and backward areas. This primary health centre is manned by a Medical Officer and other paramedical staff who provide supportive supervision to 6 sub-centres, and serve as a referral institution for these sub-centres. It has been decided to have one CHC for every 80,000 to 1.20 lakh of population so as to serve as a referral institution for 4 PHCs and having minimum of 30 beds and 4 specialists.

Human Resource Development

Human resources are a country's most precious endowment. To manage the health services in the country, a large number of medical and para-medical personnel are required. In order to improve such requirements, a large number of teaching/training institutions have been established in the country, the details of which are given in the table.

In the urban area health care services are provided through dispensaries, district hospitals, medical college hospitals, general specialized hospitals, national level institutes, besides a large number of nursing homes, private practitioners/doctors of Allopathic system and other systems of Indian medicine including Homoeopaths.

In the rural areas, a large number of medical and para-medical functionaries are working at sub-centres, primary health centres

S.No.	Description of the course	No. of Institutions	Admission Capacity
1.	M.B.B.S	106	11000 (App.)
2.	Post Graduate Degree/Diploma		2500/1000 (App.)
3.	General Nurse	386	7900 (App.)
4.	ANM/HW (F)	473	23093
5.	LHV/HA (F)	44	3221
6.	Lab. Technician/ Lab. Assistant	99	2441
7.	Pharmacy	233	12308
8.	X-Ray Technician	33	336
9.	Health Worker (M)	66	3930

and community health centres. As on January 1, 1990, there were 2159 specialists; 19478 doctors at PHCs; 24400 Health Assistants (Male); 82084 Health Workers (Male); 19708 Pharmacists; 9005 Lab-Technicians; 12809 Nurse Midwives; 17313 LHVs; 118555 ANMs. At the village level, Traditional Birth Attendants (Dais) are receiving priority attention. In order to reduce maternal and infant mortality aseptic deliveries are being conducted and better antenatal and post-natal care is provided. So far 5.8 lakh Dais have been trained. Since October, 1977, a cadre of Voluntary Health Workers (known as Village Health Guides) selected by the village community, who are trained in preventive, promotive and curative health so as to provide integrated primary health care services at the village level has been raised. So far exceeding 4 lakh Health Guides have been trained.

Continuing/orientation training is also an in-built component of the training programme of medical para-medical workers aiming at equipping them with latest developments in the field of health so as to provide efficient health care services. There are 47 Health & Family Welfare Training Centres and 7 Central Training Institutes.

There has been tremendous increase in investment on health and family welfare in different plan periods. It has increased from Rs.65.3 crores during the First Plan (1955-56) to Rs.6648.9 crores during the 7th Plan (1985-90) which is almost 102 fold. The investment during a single year that is during 1987-88 alone was Rs.1407.4 cores. But the fact remains that the total investment on Health & Family Welfare has been hovering between 3% to 4% of the total plan investment outlay (including all heads of development). The per capita expenditure on health incurred by state has gone up from Rs.1.50 (1955-56) to Rs.46.23 (1985-86).

Current Status

The national health programmes have made considerable headway during the four decades of Independence. Today, life expectancy at birth is over 58 years as against 32 years 1947. The death rate has declined to 10.8 as against 27 at the time of attaining Independence. India has made tremendous advancement in overall management of health particularly in the area of human engineering, bio-technology, medicine and surgery. The Government health programmes have really triggered off a hi-tech revolution. Industrial structure in the country has undergone a sea change. Sophisticated medical equipments are being manufactured indigenously as per international standards as also according to the Bureau of Indian Standards. Equipments for nuclear medicine and radio isostope laboratory are also being made in India. The introduction and use of equipments like Cardiac Monitors, Defibrillators, ECG, Pulse Monitors, Pacemakers, Ultrasound Therapy Equipment and Laser has brought about remarkable dent on health delivery in the country. Diagnostic tests are a must for scientific and accurate treatments. Diagnostic facilities now are mostly available in the urban areas and its non-availability/limited availability is a serious lacuna in the rural health services.

Smallpox has been eradicated and morbidity and mortality due to Malaria has deeply declined.

There has been considerable expansion in the facilities for detection of Tuberculosis cases, especially through PHCs in rural areas and free treatment is being provided to TB patients. There are about 46,000 beds exclusively for seriously ill Tuberculosis patients.

The National Programme for Control of Blindness aims at reducing the blindness in the country from 1.4% to 0.3% by 2000 AD. Towards this end, maximum relief is being provided through camp approach and provision of eye care facilities at PHCs and hospitals. There are nearly 9 million blind persons in the country and about 45 million with visual impairment. Some of the steps initiated for controlling blindness in the country include setting up of district mobile units, strengthening of eye banks, providing guidelines for conducting eye camps, training of ophthalmic assistants and continuing health education.

(To be Continued)