

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF
PUBLIC HEALTH DENTISTRY

HISTORY OF PUBLIC HEALTH IN INDIA

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INTRODUCTION:-

- *Preservation of the self is a fundamental instinct that is as timeless as the human evolution itself;*
- *The river called **PUBLIC HEALTH** started as a small spring, a small tricklet from the timeless womb of humanity.*
- *It became a rivulet, then a stream and then a river; its journey towards the ocean called **HEALTH FOR ALL** is still on.*
- *Public health is community health. It has been said that: "Health care is vital to all of us some of the time, but public health is vital to all of us all of the time."*

The term public health has two meanings:

- The first refers to the health status of the public – that is, of a defined population.*
- The second meaning, refers to the organized social efforts made to preserve and improve the health of the defined population.*

Charles Edward A. Winslow-1920

- *“The science and art of preventing disease, prolonging life and promoting health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health, so organizing these benefits so as to enable every citizen to realize his birth right of health and longevity.”*



- *This definition is profound in many ways. First, it states the central emphasis of all public health work – namely, promoting health and preventing disease.*
- *Second, it emphasizes the diverse strategies that are required to bring this about, including environmental sanitation, specific disease control efforts, health education, medical care, and an adequate standard of living.*
- *Third, it makes clear that for these goals to be achieved, organized social action is required.*

- *Public health is people's health. It is concerned with the aggregate health of a group, a community, a state or a nation.*
- Knutson

- *The primitive man lived a life of struggle for the existence and survival of the fittest.*
- *He suffered from untold diseases and miseries.*
- *As centuries rolled by, primitive man was attracted by richness of nature and started experimenting with the agriculture., and started living in human settlements, known to historians as ancient civilization*

- *From time immemorial man has been interested in trying to control disease.*
- *The medicine man, the priest, the herbalist and the magician, all undertook in various ways to cure mans disease and to bring relief to the sick.*
- *Thus arose the need for real professional men, which gave birth to the Medicine men of yore who started employing not only charms, amulets and rosary, but other natural products like herbs, animals and their products for treatment of diseases.*

PRIMITIVE MEDICINE

- The attitude and behaviour of primitive man was determined by hypothetical beliefs.
- The concept of disease in which the ancient man believed is supernatural theory of the disease.
- Medicine practiced was by means of prayers, rituals and sacrifices.

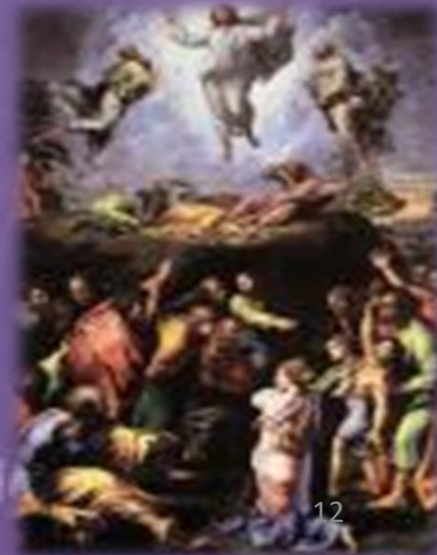


- *The concept of disease in which ancient man believed
=>Supernatural theory of disease*
- *Primitive man attributed disease and in fact all human sufferings to:*
 - *wrath of gods,*
 - *invasion of body by "evil spirits" and*
 - *malevolent influence of stars & planets.*
- *Their medicine consisted of appeasing gods by prayers, sacrifices, driving out evil spirits by witch-crafts and using charms and amulets to protect himself against the influence of evil spirits*
- *Also prehistoric man improvised stone & flint instruments with which he performed circumcisions, amputations & trephening of skulls*

- Primitive medicine is timeless. Rudiments of preventive medicine still persist in many parts of the world. Although primitive man may be extinct, the so called Traditional healers are found everywhere.

Primitive medicine is viewed in relation to ..

- Demonistic theory; individuals suffering from the diseases were possessed by DEMONS.
- Fatalistic theory; implies that gods reward or punish individuals on basis of their good or evil deeds.



INDIAN MEDICINE

- *Medical systems that are truly Indian in origin & development are:*

Ayurveda system- thro'out India



Siddha system- only in Tamil speaking areas of south India



AYURVEDA

- *By defn - is “knowledge of life” or the knowledge by which life can be prolonged.*
- *Origin - Vedic times(5000BC)*
- *Dhanvantari (the Hindu God of medicine)
born as a result of the churning of the oceans during a 'tug of war' between gods and demons.*

- *The celebrated authorities in Ayurvedic medicine were Atreya, Charaka, Susruta and Vaghbhatt.*

- *Atreya:(about800BC)*

 - acknowledged as the first great Indian Physician & teacher*

 - lived in ancient university of takshashila (20 miles west to modern rawalpindi)*

- **Charaka: (200AD)**

- *was a court physician to the Buddhist king- Kaniska.*

- *Based on the teachings of Atreya , Charaka compiled his famous treatise on medicine— "Charaka Samhita"*

- *mentions some 500 drugs.*

- **Susruta:** "father of Indian surgery"

- compiled the surgical knowledge "Susruta Samhita" (b/w 800BC-400AD)

This includes- Surgery ,pathology, anatomy, midwifery, ophthalmology, hygiene and, medicine.

- Atreya, Charaka, Sushruta practiced this system during 800 BC



- *The early Indians set fractures, performed amputations, excised tumors, repaired hernias and excelled in cataract operations & plastic surgery.*
- *It is stated that British physicians learned the art of rhinoplasty from Indian surgeons in the days of East India Company*
- *During Buddhist times, Indian surgery suffered a setback because of the doctrine of Ahimsa (non-violence).*
- **"Tridosha -Theory Of Disease"**
 - *doshas or humors are: vata (wind), pitta(gall) and kapha (mucus)*
 - *disturbance in equilibrium disease,*
 - *perfect balance & harmony healthy*

- **Hygiene** : was also given importance in ancient Indian medicine.
- *The laws of Manu were a code of personal hygiene .*
- *Mohenjo-daro and Harappa (2000 yrs old) revealed rather advanced knowledge of sanitation, water supply and engineering.*

- *The golden age of Indian medicine was b/w 800 BC and 600 AD.*

- *In India, Unani- Tibb system & Homeopathy are practiced that are not of Indian origin*
- *Unani-Tibb system- Ancient Greek medicine*
 - Was introduced in India by Muslim rulers in 10th century*
 - By 13th century, it was firmly entrenched in Delhi, Aligrah, Lucknow &Hyderabad*

- **Homeopathy**: propounded by Samuel Hahnemann (1755-1843) of Germany.
 - *gained foothold in India during (1810-1839)*
 - *is a system of pharmaco -dynamics based on "treatment of disease by the use of small amounts of a drug that, in healthy persons, produces symptoms similar to those of the disease being treated"*
 - *India has the largest number of practitioners of homeopathy.*

Changing concepts in public health

- Disease control phase (1880-1920)
 - Public health during 19th century was largely a matter of Sanitary legislation and Sanitary reforms aimed at control of man's physical environment
 - Eg :water supply, sewage disposal
 - These measures were not aimed at control of any specific disease
- However these measures vastly improved the health of people due to disease & death control.

Health promotional phase (1920-1960):

- At the beginning of 20th century, a new concept, “Health Promotion” began to shape
- In addition to disease control activities, one more goal was added to public health i.e. health promotion of individuals.
- It was initiated as personal health services, school health services, industrial health services, mental health & rehabilitation services

- During 1st half of century two great movements were initiated→
 1. Provision of basic health services through the medium of primary health centers & sub-centers for rural & urban areas.
 - The concept of health centers was first mooted in 1920 by Lord Dawson in England
- The Bhore committee (1946) in India had also recommended the establishment of health centers for providing curative & preventive services

- ***Social engineering phase(1960-1980):***

- With advances the pattern of disease began to change in developed world → new health problems in the form of chronic disease began to emerge.

- e.g. Cancer, Diabetes, Cardiovascular disease, alcoholism etc..

- A new concept, concept of “Risk Factors” came into existence.

Health for All phase (1981 -2000 AD):

- people in the developed countries,& the elite of developing countries, enjoy all determinants of good health →adequate income, nutrition, education, sanitation, safe drinking water and comprehensive health care
- In contrast, only 10 to 20 percent of developing countries enjoy ready access to health services of any kind
- Death claims 60-250 of every 1000 live births within first year of life & Life expectancy is 30% lower than in developed countries

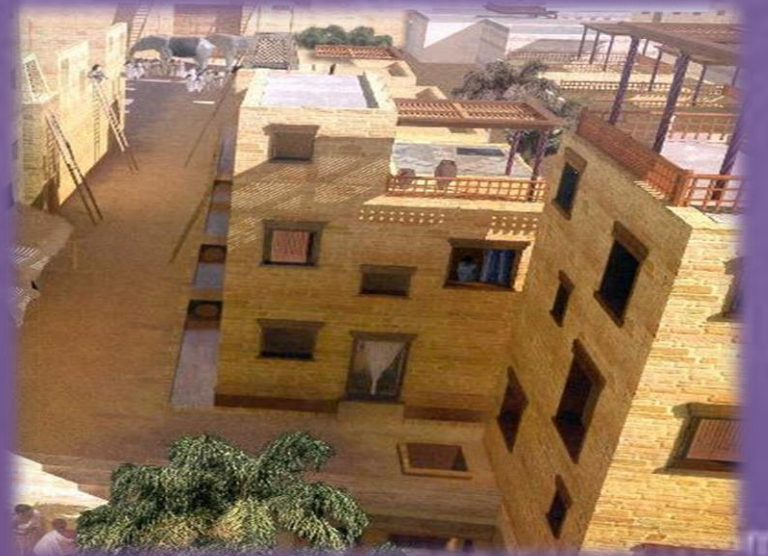
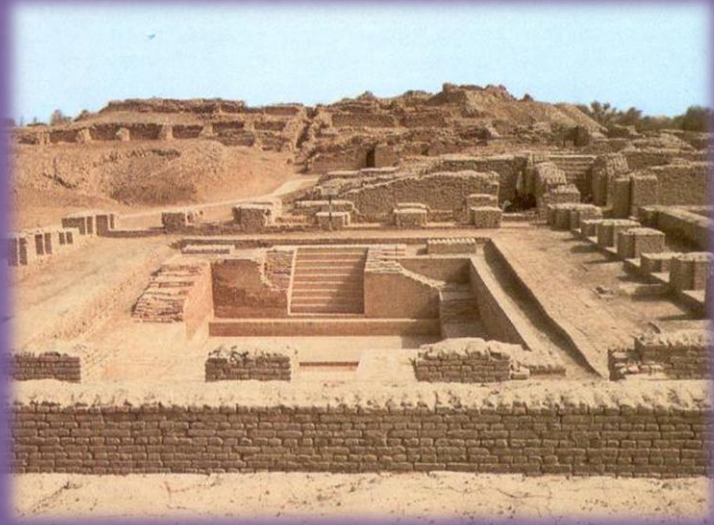
PUBLIC HEALTH IN INDIA

1) Early History:

Before 3000 B.C – In Christian era excavation in Mohenjodaro and Harappa showed planned cities with drainage, houses and public baths.

1000 BC (Indian Civilization)- Sushruta Samhita- numerous descriptions of severe periodontal disease with loose teeth and purulent discharge.

Excavation in Mohenjodaro and Harappa



- Charaka Samhitha- Stressed on tooth brushing – the stick for tooth brushing, should be bitter, pungent or astringent,. One of its ends should be chewed in the form of a brush and should be used twice a day taking care that gums are not injured. Neem twigs (Datun) are used even today.
- 1400 B.C – Aryans and Siddha systems of medicine came into existence.
- 600 B.C – 600 A.D – Post Vedic period medical education was introduced in the ancient universities of Taxila and Naland.
- 650- 1850 A.D – Mogul empire – Arabic system of medicine, popularly known as Unani system.

2) Public Health In British India

- 1757 The British had established their rule in India*
- 1825 The Quarantine Act was promulgated*
- 1859 Royal Commission recommended the establishment of a 'Commission of Public Health' in each presidency and pointed out the need for the protection of water supplies, construction of drains and prevention of epidemics in British Army.*

Quarantine has been defined as A period of time during which a vehicle, person, or material suspected of carrying a contagious disease is detained at a port of entry under enforced isolation to prevent disease from entering a country.

- Absolute
- Modified
- Segregation

11-06-2024



- **1864** - *Appointment of sanitary commissioners*
- **1869** - *A Public Health Commissioner and a Statistical Officer were appointed with the Government of India*
- **1873-1885** - *Several sanitary laws were passed*
- **1873** - *Birth and death registration act*
- **1880** - *Vaccination act*
- **1881** - *The first Indian ' Factories Act was passed;*
The first all India census was taken

- ***- Birth and death registration act:*** The birth registration with relevant departments is the first official acknowledgment of the child's existence by state. Until recent past, Death Registration Act 1873 which was framed in colonial British times, though its actual implementation was almost non-existent; or we may say registration of birth and death under the law was rather optional.

- The Vaccination Act, 1880. ACT NO. 13 OF 1880 1 [9th July, 1880.]

An Act to give power to prohibit inoculation and to make the vaccination of children compulsory in certain Municipalities and Cantonments.

- In India the first **Factories Act** was passed in 1881. This Act was basically designed to protect children and to provide few measures for health and safety of the workers. This law was applicable to only those factories, which employed 100 or more workers. In 1891 another factories Act was passed which extended to the factories employing 50 or more workers.

- *The Father of dentistry in India is considered to be Dr. Rafiuddin Ahmed , who was born on **December 24, 1890** and later became the 1st president of the Indian Dental Association.(Then known as All India Dental Association)*
- **1896** - *Severe epidemic plague in Bombay leading to appointment of a plague commission and promulgation of epidemic disease act 1897.*

- **1897** -*The Epidemic Diseases Act was promulgated*

The Act provides power to exercise for the control and to prevent any epidemic or spread of epidemic in the States or Country. The states may authorise any of its officers or agency to take such measures if the state feel that the public at large is threaten with an outbreak of any dangerous epidemic (Sec. 2). Person who is inspecting, is empowered to determine about the process and authority to take responsibility of all expenses incurred in compensation, traveling, temporary accommodation, segregation of infected person, etc.

- **1912**-*Government of India decentralized the health activities to various provinces and created a post of sanitary commissioners*

- **1919** *The Montague-Chelmsford Constitutional Reforms led to the transfer of public health, sanitation and vital statistics to the provinces under the control of an elected minister. This was the first step towards decentralization of health administration in India*

- **In World War I, the British claimed that they stood for the protection of democracy around the world. Thus the Indians, who fought for them in this war, demanded that democracy should also be introduced in their country. In his famous August Declaration presented before the House of Commons on August 20 1917, Montague, the Secretary of State for Indian Affairs said that in order to satisfy the local demands, his government was interested in giving more representation to the natives in India. In cooperation with the Governor General Lord Chelmsford, Montague presented a report on the constitutional reforms for India in 1918. The report was discussed and approved by the British Parliament and then became the Act of 1919. This Act is commonly known as Montague-Chelmsford Reforms.**



- **1920- Dr. R. Ahmed founded the first dental college of India, which was financed by starting the New York Soda Fountain in Calcutta.**
- **1921-Central board of health was created by the government of India**
- **1925- Dr. R. Ahmed establishes the Bengal Dental Association and establishes the Indian Dental Journal.**
- **1930 -All India institute of hygiene and public health Calcutta was established**

- **1937** *Government of India created a central advisory board of health.*
- **1939** *Madras public health act was passed*

Dr. R. Ahmed helps to form the Bengal Dentists Act, which was the first dental governmental regulation in India.

- **1940** *The drugs act was passed.*

The Drugs and Cosmetics Bill was passed by the Central Legislative Assembly and it received the assent of the Governor General on 10th April, 1940 and thus became the Drugs and Cosmetics Act, 1940. An Act to regulate the import, manufacture, distribution and sale of drugs

- **1943** *The Bhore committee was appointed by the government to Survey the existing position in regard to health conditions and health' organization in the country, and to make recommendations for the future development*
- **1946** *The Bhore Committee submitted its report. The health of the nation was reviewed under (1) Public Health (2) Medical Relief (3) Professional Education (4) Medical Research and (5) International health. The Committee recommended a short term and a long-term programme for the attainment of reasonable health services based on concept of modern health practice.*

3) Events After Independence

- **1947** *India became independent*
 - Bhore Committee's report became the basis for planning and measures adopted by National government*
 - Ministry of health was established at centre and states*
- **1948**
 - *(1) India joined the World Health Organization as a member state*
 - *(2) The report of the Environmental Hygiene Committee was published.*
 - *(3) Dentist act is passed by the Indian parliament in close association with All India dental association on the 29th of March 1948. The act was introduced to regulate the profession of dentistry in India.*

1951 *The beginning of the first Five Year Plan, with a total outlay of Rs.2,356 crores.*

A sum of Rs.140 crores(5.9 per cent) was allotted for health programmes.

The B.C.G. vaccination programme was launched in the country.

The economy of India is based in part on planning through its five-year plans, which are developed, executed and monitored by the Planning Commission.

- **1952** - *Community development program was launched for all-round development of rural areas*
- **1953** - *Malaria control program was launched as a part of the first Five year plan*

1954- National water supply and sanitation program was setup.

The national leprosy control program started

1955 - National filaria control programme was commenced

1956 - 2nd five year plan was launched

1957 - Influenza pandemic swept the country

- The Demographic Research Centers were established in Calcutta, Delhi and Trivandrum**

1958 - *Malaria control programme was converted to malaria Eradication programme.*

• **1959** -

- 1.** *The Mudaliar committee was appointed by the government of India to survey the progress made in the field of health since submission of the Bhore Committee's Report, and to make recommendations for future development and expansion of health services.*
- 2.** *A Central Expert Committee was appointed under the ICMR to study the problems of cholera and smallpox in India, which recommended measures for their eradication.*

- **1960**

(1) The School Health Committee was constituted by the Union Health Ministry to assess the present standards of health and nutrition of school children and suggest ways and means to improve them

1961- *The third five year plan was launched*

1962 *(1) The National Smallpox Eradication programme was launched*

(2) The School Health Programme was initiated

1963- *The nutrition programme was launched with aid from Unicef, FAO and WHO.*

The name "Contributory Health Service Scheme" was changed to "Central Government Health Scheme".

The Chadha Committee established a norm of one Basic Health Worker for every 10,000 population.

1964- *National institute of health administration and education was approved.*

1966 A Committee of Health Secretaries under the Chairmanship of Mukherjee, was constituted to look into the minimum additional staff required for the primary health centers to take over the maintenance work of malaria and smallpox

1967 The Modhok Committee was constituted to review the working of the National Malaria Eradication Programme and recommended measures for improvement

1969

- The Report of the Medical Education Committee (1969) was submitted. The Committee recommended → MBBS course should be 4 1/2 years and one year for internship, which should include posting in a rural centre for a period of at least 3 months
- 4th five year plan was launched

1970- *Drugs (price control) was promulgated.*

The Registration of Births and Deaths Act, 1969 came into force from 1 April

1971- *Mr. Orango started the Department of Community Dentistry at Government Dental College, Bangalore under Dr.Mohandas Bhat.*

1972- *Medical termination of pregnancy act came into force.*

National Service Bill passed.

It authorizes the Government to compel medical personnel below 30 years of age to take up work in the countryside

Medical Termination Of Pregnancy Act, 1971 (MTP Act) was implemented from Apr.1972. Implemented rules and regulations were again revised in 1975 to eliminate time consuming procedures for the approval of the place and to make services more readily available. The MTP Act, 1971 preamble states" an Act to provide for the termination of certain pregnancies by registered medical practitioners and for matters connected therewith or incidental thereto".

- **1973** *(1) The Government envisaged a scheme for setting up 30bedded rural hospitals; one such hospital for every 4 primary health centers*
(2) The Kartar Singh Committee submitted its report recommending the formation of a new cadre of health workers designated "Multi-purpose Health Workers" for the delivery of health, family planning and nutrition services to the rural communities

1974 - *Fifth five year plan was launched*

1975 (1) *India became smallpox-free on 5 July, 1975*

(2) *"Integrated Child Development"*

A high powered National Children's Welfare Board was set up from October 2, 1975

1976 *Indian Factories Act of 1948 amended*

1977 (1) *Rural Health Scheme was launched. Training of community health workers was taken up*

(2) *WHO adopted the goal of Health for All by*

2000 AD

(3) *ROME scheme was launched.*

The Reorientation of medical Education (ROME) Program adopted by World Health Organization lays stress on making the medical education program relevant to the professional competencies. If the medical education program of today is aimed at producing competent medical graduates for tomorrow, an account of the future roles of medical graduates who are independent to think, independent to judge and independent to make decision and practice Medicine, Surgery, Obstetrics and Gynaecology has been considered, during the four and half years of MBBS program.

1978 *Declaration of Alma Atta underlined the primary health care approach.*

The Declaration of Alma-Ata was adopted at the International Conference on Primary Health Care (PHC), currently in Kazakhstan, 6-12 September 1978. It expressed the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world. It was the first international declaration underlining the importance of primary health care. The primary health care approach has since then been accepted by member countries of the World Health Organization (WHO) as the key to achieving the goal of "Health For All".

1979 World Health Assembly endorsed the Declaration of Alma Atta on primary health care

1980 - Small pox is officially declared eradicated from the entire world in Health Assembly and 6th five year plan is launched

1981 - Census was taken, India is committed to the goal of providing safe drinking water and adequate sanitation for all by 1990 under the

- International drinking water supply and sanitation decade 1981-1990

1982- The Govt. of India announced its National Health Policy.

The first National Health Policy in 1983 aimed to achieve the goal of 'Health for All' by 2000 AD, through the provision of comprehensive primary healthcare services. It stressed the creation of an infrastructure for primary healthcare; close co-ordination with health-related services and activities (like nutrition, drinking water supply and sanitation); the active involvement and participation of voluntary organisations; the provision of essential drugs and vaccines; qualitative improvement in health and family planning services; the provision of adequate training; and medical research aimed at the common health problems of the people.

- **1983-** *India launched a national plan of action against avoidable disablement known as 'Impact India'*

IMPACT is an International Initiative Against Avoidable Disablement, promoted by the UNDP, UNICEF, and WHO in association with the Governments of each participating country. IMPACT worldwide was launched in India in October 1983 in response to a National Plan of Action.

- **1984** - *Bhopal gas tragedy, the worst ever industrial accident in history occurred on the night of Dec. 2/3 taking a toll of at least 2500 people and no fewer than 50,000 affected*



**Dow shall be
liable.**

**WE WON'T LET YOU BURY JUSTICE.
EXTRADITE THE BUTCHER OF BHOPAL.**



- **1985-** *Seventh five year plan launched*
- **1986-** *The environment protection act promulgated*

The main objective of this Act is to provide the protection and improvement of environment (which includes water, air, land, human being, other living creatures, plants, micro-organism and properties) and for matters connected therewith. There is a constitutional provision also for the environment protection.

- **1987-**
- *National Diabetes control programme and National AIDS control Programme initiated*

1988- National Oral Health Care Program, a project of DGHS and Ministry of Health and Family Welfare is initiated to improve the oral health of the masses and to prevent / reduce the burden of oral disease in the country.

1989- Blood safety program was launched

1990 - Control of acute respiratory infection programme initiated as a pilot project in 14 districts

- **1991** - *India stages the last decadal census of the century*
- **1992** - *Eighth five year plan launched*
- *Child survival and safe motherhood programme was launched on 20th august*
- **1993** *Revised National Tuberculosis Programme with DOTS (Directly Observed Treatment, Short Course) introduced as Pilot Project in the country*
- **1994** *Return of plague after 28 years of silence*

- **1995** *The redrafted Oral Health Policy is accepted in principle as a part of the National health Policy during the fourth conference of Central Council of Health and Family Welfare.*
- **1996 -**
- *(1) Pulse Polio Immunization, the largest single day public health event took place on 9th December 1995 and 20th January 1996. The second phase of PPI was conducted on 7th December 1996 and 18th January 1997.*
- *(2) Prenatal Diagnostic Technique (Regulation and Prevention of Misuse) Act 1994 came into force from January 1996*

- **1997-** *Reproductive and child health programme launched*
- **1998-99** - *National family health survey undertaken covering 90,000 women aged 15-49 years*
 - *National malaria eradication programme renamed as national anti-malaria programme*
 - *Phase II of national aids control programme became effective*

Government announces national AIDS prevention and control policy 2002

- **2000-** *Government of India announced national population policy-2000*

The immediate objective of the NPP 2000 is to address the unmet needs for contraception, health care infrastructure, and health personnel, and to provide integrated service delivery for basic reproductive and child health care. The medium-term objective is to bring the TFR (total fertility rate) to replacement levels by 2010, through vigorous implementation of inter -sectoral operational strategies. The long-term objective is to achieve a stable population by 2045, at a level consistent with the requirements of sustainable economic growth, social development, and environmental protection.

- **2001-** *India stages first census of the century*
- **2002-** *National health policy 2002 announced.
Government announces National AIDS Prevention and Control Policy 2002*

- **2003-** *Parliament approves the Cigarettes and other tobacco products(Prohibition, regulation of trade and commerce, production, supply And distribution Act)*

National Oral health survey was carried out by the Dental Council of India.

The scope of the survey was to collect information covering the following dimensions of oral health:

1. Prevalence of oral health problems,
2. Fluoride levels in drinking water,
3. Eating habits affecting oral health,
4. Dental cleaning practices,
5. Awareness and knowledge of people on factors affecting oral health, and
6. Treatment-seeking behaviour of people with regard to their oral health problems.

It must be noted that this survey delved into areas much beyond the usual ambits of oral health surveys, which generally focus on the levels and problems of oral health in the community. This survey, on the other hand, collected data on many more dimensions so as to enable an understanding of the practices that cause oral health problems and the steps people take to seek treatment

• Milestones in public health in India

Bhore Committee 1946

- Bhore committee was set up by the government of India in 1943 to investigate and recommend improvements to the Indian Public Health system. Under the chairmanship of Sir Joseph Bhore the committee made many landmark recommendations in its final report in 1946. also known in India as Health Survey and Development Committee

Recommendations:

- 1) Integration of preventive and curative services at all administrative levels.
- ♦ No individual should lack access to medical care
 - ♦ Special emphasis should be placed on preventive methods, and on communicable diseases
 - ♦ Health services should be as “close to the people as possible in order to ensure the maximum benefit to the community to be served”

- 2)The committee visualised the development of primary health centres in 2 stages:
- Short Term Measure:
- Each PHC should cater to a population of 40,000 with a secondary health centre to serve as a referral institution. 2 medical officers, 4 public health nurses, one nurse, 4 midwives , 4 trained dais, 2 sanitary inspectors , 2 health assistants, one pharmacist and 15 other class IV employees were recommended.
- Long Term Measure:
- ♦ One primary health unit per 10-20,000 population with 75 beds and 6 doctors and 6 public health nurses

- One 650 bed hospital at taluk (3 lakh population) level and district hospital of 2,500 beds

3) Major changes in medical education which includes 3 months training in preventive and social medicine to prepare “social physicians”.

- ◆ No patents in pharmaceutical products

- ◆ 15% of government expenditure on health care

Mudaliar Committee 1962

- ♦ Strengthen Primary Health Centers (PHCs)
- Also strengthening of subdivisional and district hospitals so that
- ♦ Recommendations:
- 1) Consolidation of the advances made in the first two 5 year plans.
- 2) strengthening of the district hospital with specialist services to serve as a central base of regional services
- 3) One PHC per 40,000 population without hospital services

- 4) To improve the quality of health care provided by the PHC's
- 5) Integration of medical and health services as recommended by the Bhore committee
- 6) Constitution of All India Health Service on the pattern of Indian Administrative services.
- 7) Regional organisations in each state to supervise 2 or 3 district medical and health officers.

Chadah committee 1963

- To study the arrangements necessary for the maintenance phase of the National Malaria Eradication Programme.
- Recommended “Vigilance” operations should be responsibility of PHC’s.
- One basic health worker for 10,000 population.
- Family Planning Health Assistants were to supervise 3-4 of these basic health workers.

Mukerji committee, 1965

- Appointed to review the strategy for the family planning programme.
- Recommended to delink the malaria activities from family planning.
- The committee worked out the details of the Basic Health Service which should be provided at the block level, and some consequential strengthening required at higher levels of administration.

Jungalwalla committee, 1967

- Formed to examine various problems including those of service conditions.
- The committee defined “integrated health services” as
 1. A service with a unified approach for different problems instead of a segmented approach for different problems.
 2. Medical care of the sick and conventional public health programmes functioning under a single administrator and operating in a unified manner at all levels of hierarchy with due priority for each programme obtaining at a point of time.

Steps recommended towards integration were:

- 1) Unified cadre*
- 2) Common seniority*
- 3) Recognition of extra qualifications*
- 4) Equal pay for equal work*
- 5) Special pay for specialised work*
- 6) No private practice and good service conditions.*

Kartar Singh committee, 1973

- The government of India constituted a Committee in 1972 known as “The Committee on Multipurpose Workers under Health and Family Planning”.

The committee recommended:

- a) The present Auxillary Nurse Midwives to be replaced by the newly designated “Female Health Workers”, and the present day Basic Health Workers and the family planning health assistants to be replaced by “ Male Health Workers”.

- b) The programme for having multipurpose workers to be first introduced in areas where malaria is in maintenance phase and smallpox has been controlled.
- c) 1 PHC for 50,000 population
- d) Each PHC divided into 16 subcentres with a population of 3000 to 3500
- e) Each subcentre be staffed with team of male and female health worker
- f) Supervisor for 3-4 health worker (males and females separately)
- g) PHC doctor should have overall charge of all supervisors and health workers in his area.

- Creation of bands of paraprofessional and semiprofessional health workers from within the community itself.
- Establishment of 2 cadres of health assistants between the community level workers and doctors at the PHC
- Development of 'Referral Services Complex' by establishing proper linkages between the PHC and Higher level referral and service centres.

Shrivastav committee -1975

(Group of medical Education and Support Manpower)

- Recommended the creation of workers from within the community itself.
- It also felt that one male worker and one female health worker should be available for every 5,000 population.
- Primary health care should be provided by specially trained workers from within the community itself so that the health of the people is placed in the hands of the people themselves.
- -Launched the Rural Health Scheme in 1977 for training community health workers.

CONCLUSION

**“THOSE WHO FAIL TO READ
HISTORY ARE DESTINED TO SUFFER
THE REPITITION OF MISTAKES”**

REFERENCES

- Oxford textbook of public health , 3rd edition, vol 1, 2000
- Essentials of Preventive and community dentistry. ,4th edition, Soben Peter.
- Park's Textbook of Preventive and Social Medicine – 18th edition, 2005
- James Morse Dunning – Principles of Dental Public Health – 4th edition
- www.google.com

Thank you!

Health Care System In India

1. Public health sector

a) Public health sector

Village level

Primary health center

Sub center

b) Hospitals/ health center

Community health center

Rural hospital

District hospital/ health center

Specialist hospital

Teaching hospital

- c) Health insurance scheme**
 - Employees state insurance**
 - Central government health scheme**
- d) Other agencies**
 - Defense service**
 - Railways**

2. Private sector

- a) Private hospitals, poly clinics, nursing homes and dispensaries**
- b) General practitioners and clinics**

3. Indigenous system of medicine

- a) Ayurveda and siddha**
- b) Unani and tibbi**
- c) Homoeopathy**
- d) Unregistered practitioners**

4. Voluntary health agencies

5. National health programmes

Tertiary Care Services

Hospitals Attached to teaching Institutions

Major/General Hospitals

TB, Cancer Hospitals etc

Medical Education Allopathy

Secondary Care Services

ESIS Hospitals

District Sub district/Speciality hospitals

Community Health Centres (CHO)

Maternity Home / Women & Children Hosp

Mental Hospitals

Contageous diseses hospitals

Medical Education : ayush

Others

Primary Care services (Curative care)

PHC/Dispensaries/ Clinics (Excluding exp in Head 2211)

Health sub Centres (excluding in 2211)

ESIS Dispensaries

School Health Schmes

CGHS dispensaries

Public Health & Family Welfare (presented separately)

TB Clinics

Mobile Clinics

Public Health

Natural calamities related

Nutritional programmes by Dept of Health & FW

Disease Control Communicable Diseases

Disease Control Non-Communicable Diseases

Food Adulteration

Drugs Control

Public Health labs

Public Health education/IEC

Miscellaneous public health

Public Health

Primary Health Care

- 🗨️ 1977 the government of India launched a rural health scheme,
- 🗨️ It was based on the principal of “placing people’s health in people’s hands”.
- 🗨️ It is a three-tier system recommended by shrivastav committee in 1975.
- 🗨️ In 1978 alma-ata declaration came and it set a goal of health for all in 2000 AD

Three Tier System

- 1. Village level**
- 2. Sub center level**
- 3. Primary health center level**

Village Level

- ❖ **Village health guides scheme**
- ❖ **Training of local dais**
- ❖ **ICDS scheme**

Village Health Guides Scheme

- Launched in 2nd October 1977,
- It is in all states except in Kerala, Tamilnadu, Arunachal Pradesh and Jammu & Kashmir

Guidelines To Become Health Guides

- 1. Permanent resident of that local community**
- 2. Education up to VI standard and able to read, write**
- 3. Acceptable to all sections of the community**
- 4. Able to spare 2 to 3 hours/day**

Functions:

1. Treatment by simple oilments
2. First aid
3. Mother and child health education including family planning
4. Health education and sanitation

Compensation

- 50 per month and 600 rs per annum for drugs

At present there are 3.23-laksh health guides are there

Target: 1 health guide for 1000 population in each village

Village Health Guides Training Program



Local Dais

Traditional birth attendants

Training: for 30 days, 300rs is stipend its given in PHC and sub centers



ICDS Or Anganwadi Workers

Integrated child development scheme

- One anganwadi worker for a population of 1000,
- Till date 5320 ICDS blocks are functioning in the country, each block has 100 workers

Training: 4 months in various aspects of health, nutrition and child development.

Compensation: Rs 750 per month, part time workers .

Functions: Health checkup, immunizations, supplementing nutrition, health education, non-formal preschool education and referral service.

Beneficiaries: Nursing mothers, other women (15-45) and children below the age of 6 years

Anganwadi workers at work



Anganwadi workers at work



Current status of Anganwadi workers

The coverage of ICDS has expanded rapidly in recent years. From an initial 33 blocks in 1975, the programme covered an estimated 6,500 blocks by 2004. There are almost 600,000 anganwadi workers and an almost equal number of anganwadi helpers - all women - providing services to beneficiaries throughout the country. According to the government, the programme currently reaches 33.2 million children and 6.2 million pregnant and lactating women.

Sub Center Level

- One sub center for every 5000 population in general and 3000 populations in hilly, tribal and backward areas
- As on 31st march 2003 there are 138368 sub-centers, target is 1.34 lakhs

Facilities: one male and one female multipurpose health workers,

One health assistant will supervise the health workers

**Functions: Mother and child health care
Family planning, Immunization**

Proposed functions:

**IUD insertion, simple laboratory investigations like
routine urine and sugar examination**

Primary Health Center Level

One PHC for every 30,000 rural population in plains and one PHC for every 20,000 rural population in hilly, tribal and backward areas

As on 31st march 2003 there are 22936 PHC are established target is 23,000

Functions of PHC

Fulfill alma-ata recommendations

- 1. Medical care**
- 2. Maternal and child health including family planning**
- 3. Safe water supply and basic sanitation**
- 4. Prevention and control of local endemic diseases**
- 5. Collection and reporting of vital statistics**
- 6. Education about health**
- 7. National health programme as relevant**
- 8. Referral service**

9. Training of health guides, health workers, local dais and health assistant
10. Basic laboratory service

Proposed function:

Vasectomy, tubectomy, minor surgical procedure, MTP – Medical termination of pregnancy and ROME – reorientation of medical education.

Primary Health Center



Primary Health Center- Maternal and Children Ward



Current status of Primary health centres

Public health services in India, especially in the rural areas, have grown, in size through the additive values of this programming. We began in the fifties with 3 national disease control programs, and thanks to the FYPs we are today running a dozen and a half disease control programs, including the latest addition of AIDS. On the one hand the state talks of integration and on the other it keeps delivering new babies which develop their own vested interest. (No wonder we still have program staff in our health program for small pox and plague, both of which were eradicated long ago!). All this goes under the name of primary health care.

Hospital/health centers

1. Community Health Center

- **As on 31st march 2003 there is 3076 community health center**
- **Each center covers 80,000-to 1.2 lakh population**

Facilities

- **Surgery, medicine, obstetrics and gynecology, pediatrics, x-ray and laboratory facilities with 30 beds**
- **One community health officer is also available to strengthen preventive and community aspect.**
- **It is attached to the nearest state level hospital or medical college hospital.**

2. Rural Hospital

- Rural hospital so as to cover a population of 5 laksh
- These centers will have an epidemiological wing attached to them

3. District hospital



It has been proposed to convert district hospital into district health center


Difference between hospital and health center


- a) **Hospital provides curative treatment but in a health center the services are preventive, promotive and curative all integrated**
- b) **Hospital has no catchment area, patients may be drawn from any part of the country but health center has definite area of responsibility**

Health insurance

- **Employees state insurance scheme**
- **Central government health scheme**

Employees State Insurance Scheme

 **Benefits in the contingency of sickness, maternity, employment injury and pension for dependents on the account of death of worker because of employment injury**

 **Act covers employee-drawing wages not exceeding Rs 7,500 per month**

Central Government Health Scheme (CGHS)

🗨️ First introduced in New Delhi in 1954 to provide comprehensive medical care to central government employees

Facilities

- § Out patient care through dispensaries
- § Supply of necessary drugs
- § Laboratory and X-ray investigations
- § Domiciliary visit

Hospitalization facilities

Pediatric services, Antenatal, natal and postnatal service

