

---

**PAPER TITLE: COMMUNITY AND PUBLIC HEALTH**

---

**PAPER CODE: CPH405**

**UNIT-2**

**Dr. Rajnesh Kumar Yadav**

Assistant Professor

Department of Social Work

University of Lucknow, Lucknow

Email:rkylu11@gmail.com

---

## 2.1 HEALTH PLANNING IN HEALTH CARE

---

### **Planning :**

An organized, conscious & continuous attempt to select the best available alternatives to achieve specific goals .

### **Health Planning :**

The orderly process defining national Health problems, identifying the unmet needs, surveying the resources to meet them, and establishing the priority goals to accomplish the purpose of proposed Programme (WHO).

### **The purpose of planning:**

- To match the limited resources with many problems .
- To eliminate wasteful expenditure and avoid duplication
- To develop the best course of action to accomplish a defined objective.
- The purpose of health planning is to meet the health needs and demands of the people.
- Health needs is defined as the 'deficiencies in health that call for preventive, curative, control and eradication measures'.
- The needs for safe water supply and sanitation, control of communicable diseases, medical care including hospitals, dispensaries and primary health centres, public health services, family planning, adequate nutrition, immunization are all community health needs.
- In democratic country/ developing country people's needs may be presented as demands.

### **Objectives, targets and goals:**

- An important element of planning is the setting of clear cut objectives, targets and goals.

- Objective: It is a planned end point of all activities. It is stated in term of measured amount of progress towards goal.
- Targets: When the objective is split into discrete activity it becomes target like number of sputum smear collected or Tubectomy done.
- Goal: An ultimate desired state towards which the objectives and resources are directed. Goal is not constrained by time, resources nor are they necessarily attainable. They are formulated at top level and they are generally broad for example 'Health for all.

### **Planning for health:**

- Assessment of the current status
- Identification of the desired state in the future
- Specification of interventions and other activities to achieve the new desired state.

---

## **HEALTH COMMITTEES**

---

### **1. Bhole Committee (Health survey and Development Committee,1946)**

- Chairman : Sir Joseph Bhole
- To survey the existing health condition. Submitted report – 1948

#### **Recommendation :**

- Integration of preventive & curative services at all administrative level.
- Dev. of Primary health centres in 2 stages
  - short term measures in rural area
  - long term measures
- Change in Medical education - 3 month training in SPM –Social Physicians

#### **Short term measures:**

- Each PHC should cater a population of 40,000 and a sec. health centre as supervisory, coordinating and referral institution.
- In PHC 2 medical officer,4 public health nurses, one nurse, 4 midwives, 4 trained dhais, 2 sanitary inspectors, 2 health assistants, one pharmacist & 15 class IV employees.

#### **Long term measures:**

- Primary health units with 75 bedded hospital for each 10,000-20,000 population
- Secondary units with 650 bedded hospital

### **2. Mudaliar Committee (Health survey and planning committee,1962)**

- Chairman : Dr. A. L. Mudaliar

- To survey progress made in health since submission of Bhore Committee report

### **Recommendations:**

- Consolidation of First Two Five Year Plan activities.
- Strengthening district Hospitals with specialists.
- Regionalizing State Health Organization
- Each PHC with maximum of 40,000 population.
- Integration of Medical and Health Services.
- Formation of All India Health service on the pattern of Indian Administrative Services.

### **3. Chadah Committee, 1963**

- Chairman: Dr.M.S.Chadah
- the arrangement for maintenance phase of National Malaria Eradication Programme.

### **RECOMMENDATION:**

- Vigilance of NMEP-PHC at Block level
- Monthly home visit- basic health worker
- One Multipurpose worker – 10,000 population
- They work in Malaria EP , also in vital statistics and Family Planning work.

### **4. Mukerji Committee, 1965**

- Separate staff for family planning Programme and separate staff for Malaria Eradication Programme. Delink Malaria Activities from Family Planning
- The Family planning assistant were to do the family planning duties only.

- Basic health workers were to be utilized for purposes other than Family planning like maintenance phase of Malaria, smallpox, leprosy and trachoma.

## **5. Kartar Singh Committee, 1973**

Committee on Multipurpose workers under Health & FP

- To study the Structure for integrated services
- Feasibility of multipurpose and bi-purpose workers.
- Training requirement of such workers.
- Utilization of mobile services for integrated medical, public health & family planning

### **Recommendations:**

- ANM newly designated as "female health workers" and Malaria worker, vaccinator etc. as "male health workers".
- 1 PHC for 50,000 population & each PHC is divided into 16 subcentre with 3000-3500
- Each sub-center should have 1 MPHW female + 1 MPHW male. 4
- Multipurpose Health Supervisor to be created.
- The Doctor incharge of PHC is the overall charge of all workers & supervisors.

## **6. Shrivastav Committee, 1975**

Group on Medical Education & Support Manpower

- To devise curriculum for Health Assistant
- To suggest improving existing medical education process.

### **Recommendations:**

- Creation of bands of para-professionals and semiprofessional health workers (School Teacher, Gram Sevak, Post Master)

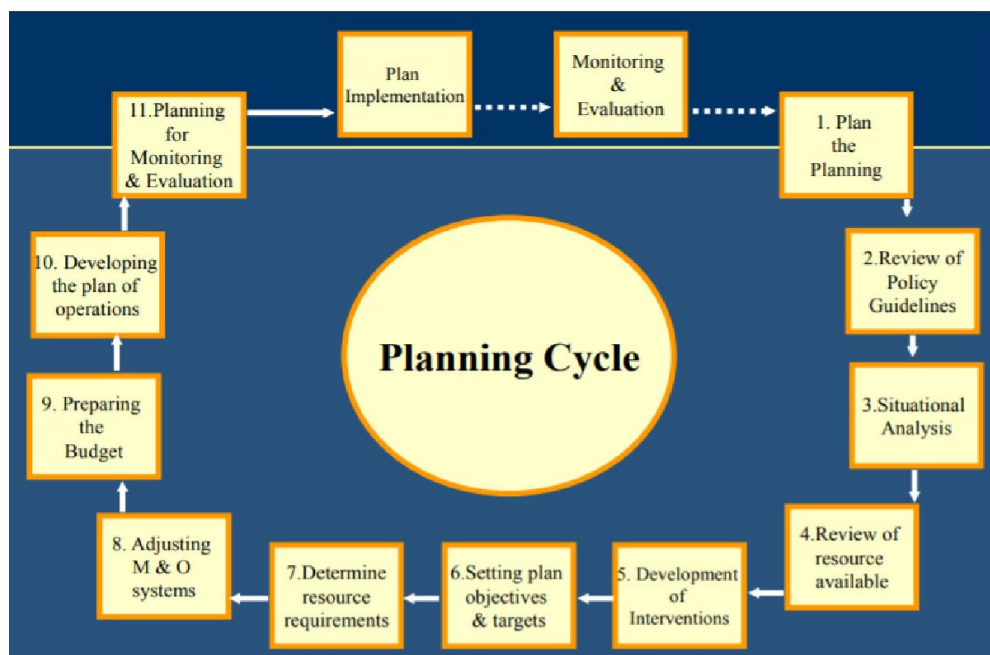
- Two cadres of Health Workers – MPHW and Health Assistant between community and PHC doctor.
- To develop referral services complex.
- Establishment of Medical and Health Education commission in line with UGC.

---

## PLANNING CYCLE

---

- Planning of delivery of effective health services to the population with in resources provided
- Translation of “new policy” statement into operational plan
- Re-planning on the basis of an already existing plan for the purpose of reviewing existing health problems and needs and rendering services more effective and efficient
- Emergence of a new problem (e.g. SARS, natural disaster)
- Planning of health services for a population where no organized health care delivery system as yet, or where an existing one is being extremely revised or re-organized



**Planning is a dynamic process it involves three steps.**

- Planning
- Implementation
- Evaluation.



If no favourable outcome, change the plan, implement and re-evaluate. Evaluation is an ongoing process repeats itself in a cyclic manner is called planning cycle.

**Planning involves following steps:**

- Analysis of health situation
- Establishment of objectives and goals
- Assessment of resources
- Fixing priorities
- Write up of formulate plan
- Programming and implementation
- Evaluation

---

## 2.2 HEALTH FOR ALL

---

**Definition:** Halfdan Mahler, Director General (1973-1983) of the WHO, defined Health For All in 1981, as follows

Health For All means that health is to be brought within reach of everyone in a given country. And by "health" is meant a personal state of well being, not just the availability of health services – a state of health that enables a person to lead a socially and economically productive life. Health For All implies the removal of the obstacles to health – that is to say, the elimination of malnutrition, ignorance, contaminated drinking water and unhygienic housing – quite as much as it does the solution of purely medical problems such as a lack of doctors, hospital beds, drugs and vaccines.

1. Health For All means that health should be regarded as an objective of economic development and not merely as one of the means of attaining it.
2. Health For All demands, ultimately, literacy for all. Until this becomes reality it demands at least the beginning of an understanding of what health means for every individual.
3. Health For All depends on continued progress in medical care and public health. The health services must be accessible to all through primary health care, in which basic medical help is available in every village, backed up by referral services to more specialised care. Immunisation must similarly achieve universal coverage.
4. Health For All is thus a holistic concept calling for efforts in agriculture, industry, education, housing, and communications, just as much as in medicine and public health. Medical care alone cannot bring health to in hovels. Health for such people requires a whole new way of life and

fresh opportunities to provide themselves with a higher standard of living.

5. The adoption of Health For All by government, implies a commitment to promote the advancement of all citizens on a broad front of development and a resolution to encourage the individual citizen to achieve a higher quality of life.
6. The rate of progress will depend on the political will. The World Health Assembly believes that, given a high degree of determination, Health For All could be attained by the year 2000. That target date is a challenge to all WHO's Member States.

---

## **MILLENNIUM DEVELOPMENT GOALS**

---

- Eradicate extreme poverty and hunger. ...
- Achieve universal primary education. ...
- Promote gender equality and empower women. ...
- Reduce child mortality. ...
- Improve maternal health. ...
- Combat HIV/AIDS, malaria and other diseases. ...
- Ensure environmental sustainability.
- Develop a global partnership for development

### **Targets:**

#### **1. Eradicate extreme poverty and hunger**

Target for 2015: Halve the proportion of people living on less than a dollar a day and those who suffer from hunger.

#### **2. Achieve universal primary education**

Target for 2015: Ensure that all boys and girls complete primary school.

#### **3. Promote gender equality and empower women**

Targets for 2005 and 2015: Eliminate gender disparities in primary and secondary education preferably by 2005, and at all levels by 2015.

#### **4. Reduce child mortality**

Target for 2015: Reduce by two-thirds the mortality rate among children under five.

#### **5. Improve maternal health**

Target for 2015: Reduce by three-quarters the ratio of women dying in childbirth.

## **6. Combat HIV/AIDS, malaria and other diseases**

Target for 2015: Halt and begin to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases

## **7. Ensure environmental sustainability**

- Targets: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.
- By 2015, reduce by half the proportion of people without access to safe drinking water.
- By 2020 achieve significant improvement in the lives of at least 100 million slum dwellers.

## **8. Develop a global partnership for development**









Targets:

- Develop further an open trading and financial system that includes a commitment to good governance, development and poverty reduction nationally and internationally. Address the least developed countries' special needs, and the special needs of landlocked and small island developing States.
- Deal comprehensively with developing countries' debt problems.
- Develop decent and productive work for youth.
- In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.
- In cooperation with the private sector, make available the benefits of new technologies – especially information and communications technologies.

# Achievements:

## INDIA'S PROGRESS TOWARDS ACHIEVING THE MILLENIUM DEVELOPMENT GOALS

KEY: ● SLOW ● MODERATE ● ON-TRACK

	<b>GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER</b> 1. Halve, between 1990 and 2015, proportion of population below national poverty line 2. Halve, between 1990 and 2015, proportion of people who suffer from hunger	<div> <div>○</div> <div>○</div> <div>●</div> </div> <div> <div>●</div> <div>○</div> <div>○</div> </div>
	<b>GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION</b> 3. Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary education	<div> <div>○</div> <div>○</div> <div>○</div> </div>
	<b>GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN</b> 4. Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	<div> <div>○</div> <div>○</div> <div>●</div> </div>
	<b>GOAL 4: REDUCE CHILD MORTALITY</b> 5. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	<div> <div>○</div> <div>○</div> <div>○</div> </div>
	<b>GOAL 5: IMPROVE MATERNAL HEALTH</b> 6. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	<div> <div>●</div> <div>○</div> <div>○</div> </div>
	<b>GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES</b> 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	<div> <div>○</div> <div>○</div> <div>●</div> </div> <div> <div>●</div> <div>○</div> <div>○</div> </div>
	<b>GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY</b> 9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources 10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation 11. By 2020, to have achieved, a significant improvement in the lives of at least 100 million slum dwellers	<div> <div>○</div> <div>○</div> <div>○</div> </div> <div> <div>●</div> <div>○</div> <div>○</div> </div> <div> <div>○</div> <div>○</div> <div>○</div> </div>
	<b>GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT</b> 12. In cooperation with the private sector, make available the benefits of new technologies, especially information and communication	<div> <div>○</div> <div>○</div> <div>○</div> </div> <div> <div>○</div> <div>○</div> <div>●</div> </div>

---

## **2.3 NEW HORIZONE IN PUBLIC HEALTH**

---

New Horizons in Health discusses how the National Institutes of Health (NIH) can integrate research in the social, behavioral, and biomedical sciences to better understand the causes of disease as well as interventions that promote health. It outlines a set of research priorities for consideration by the Office of Behavioral and Social Sciences Research (OBSSR), with particular attention to research that can support and complement the work of the National Institutes of Health. By addressing the range of interactions among social settings, behavioral patterns, and important health concerns, it highlights areas of scientific opportunity where significant investment is most likely to improve national—and global—health outcomes. These opportunities will apply the knowledge and methods of the behavioral and social sciences to contemporary health needs, and give attention to the chief health concerns of the general public.

### **Definitions and Concepts of Telemedicine :**

#### **Telemedicine**

The World Health Organization (WHO) defines Telemedicine as, “The delivery of healthcare services, where distance is a critical factor, by all healthcare professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation and for the continuing education of healthcare providers, all in the interests of advancing the health of individuals and their communities.”

## **Telehealth**

Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical healthcare, patient and professional health-related education and training, public health and health administration.

### **Telemedicine Consultation Centre (TCC)**

Telemedicine Consulting Centre is the site where the patient is present. In a Telemedicine Consulting Centre, equipment for scanning / converting, transformation and communicating the patient's medical information can be available.

### **Telemedicine Specialty Centre (TSC)**

Telemedicine Specialty Centre is a site, where the specialist is present. He can interact with the patient present in the remote site and view his reports and monitor his progress.

### **Telemedicine System**

The Telemedicine system consists of an interface between hardware, software and a communication channel to eventually bridge two geographical locations to exchange information and enable teleconsultancy between two locations.

The hardware consists of a computer, printer, scanner, videoconferencing equipment etc. The software enables the acquisition of patient information (images, reports, films etc.). The communication channel enables the connectivity whereby two locations can connect to each other.



## Utility of Telemedicine:



*\*A modern telemedicine system*

- Easy access to remote areas
- Using telemedicine in peripheral health set-ups can significantly reduce the time and costs of patient transportation
- Monitoring home care and ambulatory monitoring
- Improves communications between health providers separated by distance
- Critical care monitoring where it is not possible to transfer the patient
- Continuing medical education and clinical research
- A tool for public awareness
- A tool for disaster management
- Second opinion and complex interpretations

- The greatest hope for use of telemedicine technology is that it can bring the expertise to medical practices once telecommunication has been established.
- Telementored procedures-surgery using hand robots
- Disease surveillance and program tracking
- It provides an opportunity for standardization and equity in provision of healthcare, both within individual countries and across regions and continents.

---

## SUSTAINABLE DEVELOPMENT GOALS:

---



---

## 2.4 NATIONAL HEALTH MISSION (NHM)

---

### History:

The National Rural Health Mission (NRHM), now under National Health Mission<sup>[1]</sup> is an initiative undertaken by the government of India to address the health needs of under-served rural areas. Launched on 12 April 2005 by then Indian Prime Minister Manmohan Singh, the NRHM was initially tasked with addressing the health needs of 18 states that had been identified as having weak public health indicators. The Union Cabinet headed by Dr. Manmohan Singh vide its decision dated 1 May 2013, has approved the launch of *National Urban Health Mission (NUHM)* as a Sub-mission of an overarching *National Health Mission (NHM)*, with National Rural Health Mission (NRHM) being the other Sub-mission of National Health Mission.

Under the NRHM, the Empowered Action Group (EAG) States as well as North Eastern States, Jammu and Kashmir and Himachal Pradesh have been given special focus. The thrust of the mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. Institutional integration within the fragmented health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standards for all health facilities. As per the 12th Plan document of the Planning Commission, the flagship programme of NRHM will be strengthened under the umbrella of National Health Mission. The focus on covering rural areas and rural population will continue along with up scaling of NRHM to include non-communicable diseases and expanding health

coverage to urban areas. Accordingly, the Union Cabinet, in May 2013, has approved the launch of National Urban Health Mission (NUHM) as a sub-mission of an overarching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other sub-mission of the National Health Mission. It was further extended in March 2018, to continue till March 2020.

### **Vision of the NHM:**

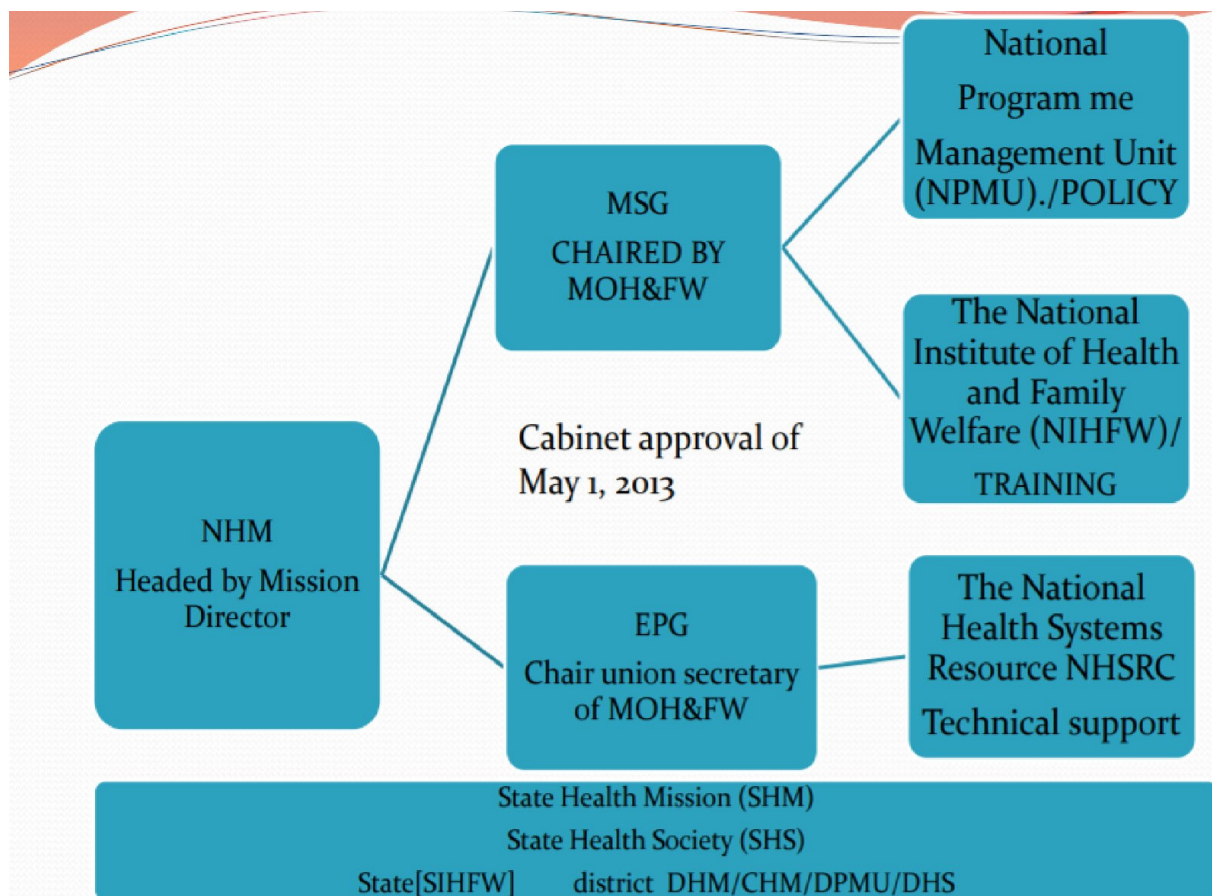
“Attainment of Universal Access to Equitable, Affordable and Quality health care services, accountable and responsive to people’s needs, with effective inter-sectoral convergent action to address the wider social determinants of health”.

### **Goals:**

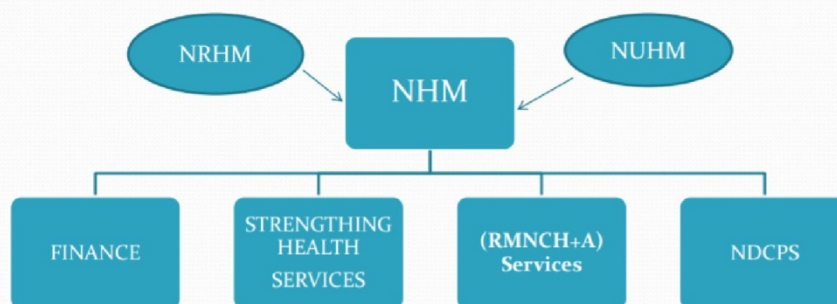
The endeavor would be to ensure achievement of those indicators

- Reduce MMR to 1/1000 live births
- . Reduce IMR to 25/1000 live births
- Reduce TFR to 2.1
- Prevention and reduction of anaemia in women aged 15–49 years
- Prevent and reduce mortality & morbidity from communicable, noncommunicable; injuries and emerging diseases
- Reduce annual incidence and mortality from Tuberculosis by half
- Reduce prevalence of Leprosy to <1/1000 population and incidence to zero in all districts
- Annual Malaria Incidence to be <1/1000
- Less than 1 per cent microfilaria prevalence in all districts
- Kala-azar Elimination by 2015, < 1 case per 10000 population in all blocks

## Institutional Mechanisms:



## Components of NHM



---

## **AYUSH:**

---

### **Introduction:**

Department of AYUSH, Ministry of Health and Family Welfare, Government of India has launched National AYUSH Mission (NAM) during 12th Plan for implementing through States/UTs. The basic objective of NAM is to promote AYUSH medical systems through cost effective AYUSH services, strengthening of educational systems, facilitate the enforcement of quality control of Ayurveda, Siddha and Unani & Homoeopathy (ASU &H) drugs and sustainable availability of ASU & H raw-materials. It envisages flexibility of implementation of the programmes which will lead to substantial participation of the State Governments/UT. The NAM contemplates establishment of a National Mission as well as corresponding Missions in the State level. NAM is likely to improve significantly the Department's outreach in terms of planning, supervision and monitoring of the schemes.

### **Vision**

1. To provide cost effective and equitable AYUSH health care throughout the country by improving access to the services.
2. To revitalize and strengthen the AYUSH systems making them as prominent medical streams in addressing the health care of the society.
3. To improve educational institutions capable of imparting quality AYUSH education
4. To promote the adoption of Quality standards of AYUSH drugs and making available the sustained supply of AYUSH raw-materials.

### **Objectives**

1. To provide cost effective AYUSH Services, with a universal access through upgrading AYUSH Hospitals and Dispensaries, co-location of

AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals (DHs).

2. To strengthen institutional capacity at the state level through upgrading AYUSH educational institutions, State Govt. ASU&H Pharmacies, Drug Testing Laboratories and ASU & H enforcement mechanism.
3. Support cultivation of medicinal plants by adopting Good Agricultural Practices (GAPs) so as to provide sustained supply of quality raw-materials and support certification mechanism for quality standards, Good Agricultural/Collection/Storage Practices.
4. Support setting up of clusters through convergence of cultivation, warehousing, value addition and marketing and development of infrastructure for entrepreneurs.

Components of the Mission

1. Mandatory Components
2. Flexible Components

### **1. Mandatory Components**

- AYUSH Services
- AYUSH Educational Institutions
- Quality Control of ASU &H Drugs
- Medicinal Plants

### **2. Flexible Components**

1. Out of the total State envelop available, 20% funds will be earmarked for flexible funds which can be spent on any of the items given below with the stipulation that not more than 5% of the envelop is spent on any of the components:
  - AYUSH Wellness Centres including Yoga & Naturopathy
  - Tele-medicine



- Sports Medicine through AYUSH
- Innovations in AYUSH including Public Private Partnership
- Interest subsidy component for Private AYUSH educational Institutions
- Reimbursement of Testing charges
- IEC activities
- Research & Development in areas related to Medicinal Plants
- Voluntary certification scheme: Project based.
- Market Promotion, Market intelligence & buy back interventions
- Crop Insurance for Medicinal Plants

2. The financial assistance from Government of India shall be supplementary in the form of contractual engagements, infrastructure development, Capacity Building and supply of medicines to be provided from Department of AYUSH. This will ensure better implementation of the programme through effective co-ordination and monitoring. States shall ensure to make available all the regular manpower posts filled in the existing facilities. The procurement of medicines will be made by the States/UTs as per the existing guidelines of the scheme.

---

## **Medical Tourism:**

---

**Medical tourism** refers to people traveling abroad to obtain medical treatment. In the past, this usually referred to those who traveled from less-developed countries to major medical centers in highly developed countries for treatment unavailable at home. However, in recent years it may equally refer to those from developed countries who travel to developing countries for lower-priced medical treatments. The motivation may be also for medical services unavailable or non-licensed in the home country: There are differences between the medical agencies (FDA, EMA etc.) world-wide, whether a drug is approved in their country or not. Even within Europe, although therapy protocols might be approved by the European Medical Agency (EMA), several countries have their own review organizations (i.e. NICE by the NHS) in order to evaluate whether the same therapy protocol would be "cost-effective", so that patients face differences in the therapy protocols, particularly in the access of these drugs, which might be partially explained by the financial strength of the particular Health System.

### **What is medical tourism?**

- Medical tourism is the practice of travelling abroad in order to receive medical treatment.
- In general, It is the travel of people to another country for the purpose of obtaining medical treatment in that country.

### **Terminology:**

Alternate terms:

- Health tourism
- Medical journeys

- Global healthcare / Cross border healthcare
- Medical value travel

More specific terms

- Surgical tourism
- Transplant tourism
- Reproductive tourism
- Dental tourism
- Suicide / Euthanasia tourism

### **Reasons of medical tourism:**

- High savings
- No wait-lists
- High quality treatment
- World class facilities
- Access to latest technology
- Best surgeons
- Customer care
- Travel opportunities



### Top destinations by treatment:

Country Treatment	Country Treatment
Antigua	Addiction and Recovery
Barbados	Fertility/IVF
Brazil	Cosmetic Surgery
Costa Rica	Dentistry
Hungary	Dentistry
India	Orthopedics, Cardiology
Israel	Fertility/IVF
Malaysia	Health Screenings
Mexico	Dentistry, Bariatric
Singapore	Cancer
South Africa	Cosmetic Surgery, Cardiac
Thailand	Everything
Turkey	Vision