EDITORIAL

Health programs, initiatives and policy

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ABSTRACT

Environment should be safeguarded and kept because it is a factor in good health and wellness. Given the expanding urban areas and rising population of city dwellers, it is crucial to plan specifically for urban health. The government of India intends to construct 100 new smart cities, taking future wants and needs into consideration. Building planned resilient, sustainable cities that are prepared for disasters and promote health and welfare is in accordance with the Sustainable. Development Goals for Sustainable Cities and Human Settlements. The government of India implemented historic policies, laws, and programs in the current chapter to advance public health and wellbeing and open the door for sustainable urban growth.

Key Words: *Health programs; Policies; Missions; Constitutional provisions.*

INTRODUCTION

The foundation of high-quality human resources and what drives any nation's development strategy is good health and welfare. It is It is well accepted that there is a close and intimate relationship between health and environment. Environment should be safeguarded and kept because it is a factor in good health and wellness. Given the expanding urban areas and rising population of city dwellers, it is crucial to plan specifically for urban health. The government of India intends to construct 100 new smart cities, taking future wants and needs into consideration. This is mindful of the Sustainable Cities and Human Settlements goal to create well-planned, disaster-prepared, sustainable cities that also promote health and welfare. For the creation of sustainable cities, attention must be given to low-carbon-emitting energy sources for transportation, industry, and agriculture. The government of India implemented historic policies, laws, and programs in the current chapter to advance public health and wellbeing and open the door for sustainable urban growth. With 18% of the global population, India is currently the second most populous country. The population of the six nations the United States, Indonesia, Brazil, Pakistan, Bangladesh, and Japan as a whole is about equal to this number. But a large human resource base also brings several inherent difficulties [1]. Malnutrition, poor hygiene, lack of vaccinations, poor sanitation, and infectious diseases are important health concerns in India. On the other hand, environmental health, lifestyle disorders, and other non-communicable diseases have caused worry. For the latter group, the issues of cardiovascular illnesses, Tuberculosis (TB), cancer, diabetes, malaria, dengue fever, chikungunya, respiratory infections, vector and water-borne diseases continue to be significant.

The threat of newly developing infectious diseases like Ebola, SARS, and illnesses linked to the H1N1 influenza virus is added to this. India is reportedly dealing with the "Triple Burden of Diseases," which includes the unfinished business of communicable diseases, non-communicable diseases, and developing infectious diseases, according to the Central Bureau of Health Intelligence. In terms of communicable diseases, pneumonia (18%), influenza A H1N1 (23%), and acute respiratory infections (20%) all had the highest reported morbidity rates in 2015. Acute respiratory infections had the greatest fatality rates (67%) while acute diarrheal disorders had the lowest (23%) in 2015. As a result, issues of concern for the next ten years include not only population growth and composition but also human resource quality. India's economy is currently the fourth-largest in the world and is expanding quickly. With progress in the economic sector, India made great accomplishments in other areas as well. For example, the country's life expectancy has climbed to 65 years, and infant, maternal, and death rates have all decreased dramatically. Leprosy, guinea worm, polio, smallpox, and other ailments have all but disappeared [2]. The birth rate is also trending downward. In order to provide healthcare services to many rural areas of the country, the number of physicians, health clinics, and nursing homes has expanded. The success of these is credited to numerous government and private sector initiatives, improved immunization practices, higher literacy rates, and increased access to healthcare facilities. The insurance industry has made significant contributions to the improvement of health. Although there are more private players now that health insurance is more liberalized, 74% of insurance is still provided through various government-sponsored programs. Public spending on health as a share of GDP was 1.12% in 2009-2010 but fell to 1.07% the following year.

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In 2013-2014, public health spending made up just 1% of GDP. Later in 2015-2016, it grew once more to 1.12%, but this time it seems far less significant when compared to the variety of issues caused by the expanding population. According to the background information for the NHP-2017, the private healthcare sector includes 50% clinical care and hospitals, 15% insurance and equipment, more than 25% pharmaceuticals, 10% diagnostics, and a total market value of $40 billion that is projected to increase to$220 billion by 2020. However, the government has made significant investments in the healthcare sector through lower direct taxes, higher medical equipment depreciation, income tax exemptions for rural hospitals for five years, and custom duty reductions for life-saving equipment [3]. In comparison to both developed and other highly populated developing nations, India spends a remarkably small amount on healthcare. India spent 4.10% of its GDP, or total GDP, on health care in 2010. The USA had the largest proportion (15.70%), followed by the UK and Brazil, while the global average was 9.7% (8.40% each). According to a breakdown of public and private spending, their contributions were 26.20% and 73.80%, respectively. This is very lopsided, and compared to the US (45.5%), the UK (81.70%), Brazil (41.60%), and China, public sector spending is the lowest (44.70%). Contrarily, India has the biggest contribution from the private sector, with a global average of 40.40% (2010). In India, the cost of healthcare per person is also among the lowest (40 USD). However, it is interesting to note that India's healthcare sector is expanding due to factors including population growth, the anticipated rise in the number of seniors, ailments linked to a sedentary lifestyle, rising levels of literacy, and disposable income that makes health care more accessible.

DISCUSSION

India's health industry might be privately, publicly, or individually held. Private healthcare organizations that are licensed under the Clinical Establishment Act are owned and operated by one person or by a small group of people. Dispensaries, clinics, nursing homes, and hospitals that use the Allopathic, Ayurveda, Homeopathic, or Unani medical systems are included in this category. On the other hand, the Government of India's Ministry of Health and Family Welfare (MoHFW) oversees the public sector. They also include hospitals, nursing homes, clinics, and dispensaries that adhere to different medical systems. It also comprises municipal and other government hospitals, as well as networks of sub-centers, primary health centers, community health centers, rural hospitals, and urban health centers throughout all of India. Many of these are also owned by charitable organizations, religious groups like churches and NGOs, public sector organizations like the armed services, railroads, port trusts, and nuclear energy. The health industry also includes pharmaceutical businesses, chemists, research organizations, medical institutions, and other teaching and research facilities in the medical field that may be publicly or privately owned. In contrast to the commercial sector, the public sector has different functions and obligations. The public sector adopts a more comprehensive strategy, encompassing research, illness prevention and control, sanitation and cleaning missions, whereas private sector institutions are more focused on curative aspects. The federal character of the Constitution permits two tiers of government at the operational level: the Union and the States. The Union, State, and Concurrent lists, which outline the obligations at each level, are described in the Seventh Schedule of the Constitution [4]. The Indian Government's Role in Preserving and Promoting Public Health is Represented Through its National Health Policies, Five-Year Plans, and Health Missions. All programs to be implemented, such as those for leprosy, smallpox, malaria, TB, HIV/AIDS, and other diseases, are given a broader framework and direction by the central government. These initiatives are uniformly carried out across the nation.

It is in charge of giving the state government the money necessary to implement and carry out all the programs. All centrally financed programs, including family planning, the Swachh Bharat Abhiyan (Clean India Mission), and universal immunization, are also carried out by the states. The implementation of several programs pertaining to health and family welfare, the prevention and control of major communicable diseases, and the national promotion of traditional and indigenous medical systems are all under the purview of the Union Ministry of Health and Family Welfare. Additionally, it conducts research, offers technical support, and allocates funding for the management of seasonal disease outbreaks and epidemics. The Ministry is also in charge of carrying out programs supported by the World Bank, such as those to combat AIDS, TB, and malaria. The Concurrent list includes initiatives like family welfare and population management, medical education, and food adulteration prevention that have national repercussions. The State list includes public health, hospitals, dispensaries, and sanitation. NRHM and NUHM have made tremendous progress in their missions related to health. The Swachh Bharat Mission (2014-2019), launched recently, aims to provide everyone with access to sanitary facilities and a cleaner environment. Eliminating open defecation through the installation of toilets and raising awareness is one of the key goals of this nationwide program [5].

Historical development of indian health policies, plans and programs

These had special objectives, such as handling the epidemics of the 1950s and 1960s. To combat the damage caused by diseases like cholera, smallpox, tuberculosis, leprosy, and others, extensive national-level campaigns were launched. The strategy was technologically oriented, and health professionals received training on how to stop and manage the spread of disease. The mission was influenced by specialists and philosophies from abroad. International organizations were required to provide the essential chemicals, medications, and vaccines. The influence of the environment, social and economic circumstances, diet, nutrition, housing, and attire was disregarded. Additionally, urban areas continued to get the lion's share of funding in the first two Five Year Plans, and the structure of the public healthcare delivery system remained unaltered. One hospital serving 320,000 people in rural areas contrarily, in metropolitan regions, the hospital to resident ratio was 1:36,000 and the hospital bed to population ratio were 1:440. It was obvious that the health disparities were significant and required immediate care. The Murlidhar Committee was established in 1959 to assess the success of the first two plans and offer suggestions. Despite the fact that there were success stories regarding the prevention of disease-specific fatalities, increases in life expectancy, and a decline in the death rate, the committee brought up the challenges of healthcare service accessibility and availability. There was a pressing need to upgrade healthcare facilities since Primary Health Centers (PHC) lacked staff and were poorly stocked with medical supplies. The Third Five Year Plan then suggested the creation of medical colleges, research institutes, and training facilities for physicians, nurses, and support personnel. Despite the fact that the family planning program began in 1951, it was aggressively continued during this time. Family planning was also given its own division inside the Ministry of Health. After that, in 1969, the fourth plan-which maintained the prior strategy and objectives-was made public. Other than this, the housing and regional development sector allocated funds separately for sanitation and water delivery [6].

CONCLUSION

The broad goal of ensuring everyone's health and wellbeing is contained inside the extensive structure of nested health missions, policies, programs, acts, and statutes.

The many obstacles stand in the way of reaching the goals. Despite focused research and coordinated efforts, goals remain unmet. The health sector is vast and demanding, necessitating a thorough examination of all prior committee reports and recommendations as well as in-depth field research. For the health sector to succeed, the government's role must be expanded coupled with increased funding allocation.

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