Research Article

Development of Health System in India: A Brief Overview of Recommendations of the various Committees Since 1947 To 2015

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Abstract

WHO defines 'public health' as the science and art of promoting health, preventing disease and prolonging life through the organized efforts of the Society. Public health is a social and political concept aimed at improving health, prolonging life and quality of life among whole populations through health promotion, disease prevention and other forms of health interventions.

According to World Health Organization (WHO), a well-functioning health system working in harmony is fabricated on trained and motivated health workers, a well-maintained infrastructure, and a consistent supply of medicines and technologies, backed by sufficient funding, well-built health plans and evidence-based policies. A health system consists of all organizations, people and actions whose primary goal is to promote, restore or maintain health. The overall health systems objective is to improve population health outcomes in an impartial way without burden people with health care expenditure.

India's health care system was carefully prepared at the time of Independence (1947) to make available primary, preventive, and curative health care within a reachable distance of the population even in isolated, rural areas. Health care services at the primary, secondary and tertiary level, run mainly by State Governments, afford free or very low cost medical services. Over the past seventy years (since 1947), public health infrastructure and services have undergone significant changes and massive expansion in scale and nature based on recommendations by a number of expert committees.

Keywords: *Development, Public Health Systems, Various Committees.*

Introduction

WHO defines 'public health' as the science and art of promoting health, preventing disease and prolonging life through the organized efforts of the society.[1] Public health is a social and political concept aimed at improving health, prolonging life and quality of life among whole populations through health promotion, disease prevention and other forms of health interventions.[2] According to World Health Organization (WHO), a well-functioning health system working in harmony is fabricated on trained and motivated health workers, a well-maintained infrastructure, and a consistent supply of medicines and technologies, backed by sufficient funding, well-built health plans and evidence-based policies.[3] A health system consists of all organizations, people and actions whose primary goal is to promote, restore or maintain health.[4] The overall health systems objective is to improve population health outcomes in an impartial way without burden people with health care expenditure.[5]

The development of Health Care system in India

India's health care system was carefully prepared at the time of Independence (1947) to make available primary, preventive, and curative health care within a reachable distance of the population even in isolated, rural areas.[6] The health care system in India, at present, has a three-tier composition to offer health care services to its people.[7] Health care services at the primary, secondary and tertiary level, run mainly by State Governments, afford free or very low cost medical services.

Since independence, several governments appointed Committees and Commissions examined issues and challenges which health sector is facing. The purpose of these ad-hoc committees formed from time to time is to review the current situation regarding public health status in the country and suggest further course of action in order to accord the best of health care to the people[8]. Over the past seventy years (since 1947), public health infrastructure and services have undergone significant changes and massive expansion in scale and nature based on recommendations by a number of expert committees.[9]

Recommendations of the various committees

The Table 1 below highlights the salient findings and recommendations of the various committees since 1947.

Table 1 Major findings and recommendations of the various committees of the Government of India since 1947

Year	Name of the committee/ programme	Major findings and recommendations
1948	Sokhey Committee Report on National Health policy [10]	The National Planning Committee (NPC) set up by the Indian National Congress in 1948 under the chairmanship of Colonel S. Sokhey stated that the maintenance of the health of the people was the prime responsibility of the State, and the combination of preventive and curative functions in a only one state agency was emphasized[11]
1952	Community Devlopment[12]	CDP was a multipurpose programme which covering health and sanitation (through the establishment of Primary Health Care Centers and Sub-Centers) and other related sectors, including agriculture, education, social welfare and industries. Each and every Community Development Block (CDB) consists of 100 villages with total population of 100,000.
1962	Mudaliar Committee on Health and Planning [13]	The main recommendation of this committee was to limit the population served by primary health centers to 40,000 with the improvement in the quality of health care provided by these centers. Also provision of one basic health worker per 10,000 population was recommended.
1966	Mukherji Committee on essential Health Service [14]	The committee worked out the composition and organization of basic health services, which is provided at Block level. This committee strongly recommended the importance of strengthening of the supervisory levels to correspond to the strengthening of the base organization.[15]
1967	Jungalwalla Committee on Integration of Health Services [16]	The committee recommended the importance of integration from the highest level to lowest level in the services, organization and personnel. Public Health programs should be put under charge of a single administrator at all levels of hierarchy by adopting - The Unified Cadre, Common Seniority, recognition of extra

		qualifications, equal pay for equal work, special pay for special work, abolition of private practice by government doctors.
1973	Kartar Singh Committee on Multipurpose Health Workers [17]	The committee recommended the integration of peripheral workers into a single cadre of multipurpose workers. Also it recommended the organizational change with respect to PHCs and SCs - one PHC to be established for every 50,000 population. Each PHC to be divided into 16 SCs each for a population of 3,000–3,500. Each SC to be staffed by a team of one male and one female health worker. The work of 3-4 health workers to be supervised by one Health Assistant.
1975	Shrivastav Committee on Medical Education and Support health workers [18]	Recommendations of the committee: Creation of groups of par-medical professional and semi-professional health workers from within the community. Establishment of three cadres of health workers between community level workers and doctors at PHC. Development of "Referral Service" by developing connections between the primary health center and higher level referral and service centers like taluka, district, regional and medical college hospitals. Establishment of a Health and medical Education Commission to bring reforms in health and medical education at universities.
1997	Rural Health Scheme: Village Health Guides scheme [19]	Village Health Guide (VHG) scheme: According to this scheme, the village community selects a volunteer team from the village, predominantly women, who was instructed short term training for the work. VHG links between the community and the Government Health System.[20] Volunteer provides health education and creates knowledge of Maternal and Child Health and Family Welfare Services.
1978	Alma Ata Declaration: (Health For All by 2000) [21]	Recommendations of Alma Ata Declaration: Primary health care should include education relating to health problems and techniques of identifying, preventing and controlling of them; promotion of nutritional food and safe water supply and basic sanitation; maternal and child health care, family planning; immunization; prevention of local diseases; provision of drugs.
1980	ICSSR and ICMR – ("Health for all: An Alternate Strategy) [22]	The report of ICSSR and ICMR recommended the formulation of a wide-ranging national health policy which includes environment, education, and nutrition, socio-economic, preventive and curative dimensions.
1983	Mehta Committee regarding Medical Education [23]	The Mehta committee mainly re-evaluated the medical education and discussed specifically about inadequate Health manpower in India. In addition, It also suggested establish, a commission for medical universities and colleges.
1987	Bajaj Committee on health manpower planning, production and managemet [24]	The major recommendations Bajaj Committee are: 1.Formulation of national medical education policy. 2. Formulation of national health workers policy.3.Devlopmnt of an Educational Commission for Health Sciences with the coordination with UGC. 4.Establishment of health science universities in various states. 5.To develop Vocational courses related to health fields.
1996	Bajaj Committee on Public Health Systems[25]	The Key recommendations are to review National Health Policy, Establishment of health impact assessment cell, surveillance of polluted areas, uniform public health Act ,find out alternative strategy to strengthening of health services and research, joint

		council of health, family welfare , establishing an apex technical advisory board, Establishment of regional schools of public health along manpower, planning, production and management of 1987.
2000	National Population Policy (NPP)[26]	The immediate objective of NPP was to deal with the contraception, health care infrastructure and health staff and to provide basic reproductive and childcare services. It visualize the development of one-stop integrated and coordinated basic reproductive and child health services delivery at the village level through a partnership of the government with non-governmental organizations.
2002	Second National Health Policy[27]	The goals set by Second National Health Policy are: Eradication of Polio by 2005, Elimination Kala Azar by 2010, Eradication of Leprosy by 2005, Elimination Lymphatic Filariasis by 2015, Reduction of half of Mortality related to TB, Malaria, other vector and water borne diseases by 2010. Reduction of Infant mortality to 30/100 and maternal mortality ratio to 100 per 100,000 by 2010. Raise the utilization of public health facilities from <20% to >75% by 2010. Increase health expenditure by Government from existing 0.9% GDP to 2% GDP by 2010. Raise share of central grants to 25% of total health spending by 2010. Increase state sector health spending from 5.5% to 7% of budget by 2005.
2005	National Rural Health Mission (NRHM)[28]	The National Rural Health Mission main objective to provide universal access to equitable, affordable and quality health care to community. Human resource requirement under NRHM has stepped up drastically, in view of renewed commitment to universal coverage. The challenges involved in training, recruitment, placement and motivation of health workers across the country cannot be neglected, if universal coverage is to be attained.
2015	National Health Policy[29]	The most important goal of the Policy is: The highest level of good health and social-well-being, through a preventive health care in all developmental policies, and universal access to good quality health care services. The major goal of the policy are: Improve health status of the population through proper policy in all sectors and expand preventive, curative, promotive and rehabilitative services provided by the public health sector. Guarantee universal availability and accessibility of free, wide-ranging primary health care services, including, maternal, child, reproductive and adolescent health and communicable and non-communicable diseases in the population. Facilitate universal access to free necessary drugs, diagnostics, emergency ambulance services, and emergency medical and surgical care services in public health facilities, for all sections of the population. Make possible health care systems more effective, rational, safe, affordable and ethical.

Conclusion

Since independence, several governments appointed Committees and Commissions examined issues and challenges which health sector is facing. The purpose of these ad hoc committees formed from time to time is to review the current situation regarding public health status in the country and suggest further course of action in order to accord the best of health care to the people.

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