

## EDITORIAL

**All India and State Public Health Cadre in India: An Urgent Need of The Hour!!**

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**Citation**

Rawat CMS. All India and State Public Health Cadre in India: An Urgent Need of The Hour!!. Ind J Comm Health. 2014;26(4):322-324.

**Source of Funding : Nil Conflict of Interest: None declared**

**Article Cycle**

**Submission:** 19/09/2014; **Revision:** 26/09/2014; **Acceptance:** 27/09/2017; **Publication:** 15/12/2014

India has made considerable progress in public health since independence including eradication of small pox, poliomyelitis, guinea worm, and elimination of yaws, leprosy and neonatal tetanus from the country. The strategies of the National Rural Health Mission have resulted in significant improvements in key health indicators like institutional deliveries, full immunization, and availability of diagnostic and family welfare services in many states of the country. However, the country's health system continues to face many challenges. Population of India as per census 2011 stood 1210 million [1]. The demographic transition of the country has been relatively slow, so the population ages slowly. Because of epidemiological transition, the country is facing double burden of communicable as well as non-communicable diseases. The rates of coronary heart disease (CHD) have increased rapidly in India recently which is also attributed partly to a demographic transition. The country is facing other several public health problems. In 2012, the infant mortality rate (IMR) was 42/1000 live births and there was a huge gap between IMR of rural (46/1000 live births) and urban (28/1000 live births), while the maternal mortality ratio was 178/100,000 live births [2]. According to National Family Health Survey (NFHS-3), nearly 50 % of children under 5 year's age have protein energy malnutrition of various grades.

**Hippocrates** (460 BC- 370 BC) is credited with being the first person to believe that diseases were caused naturally, not because of superstition and gods. It

was the first golden age of public health when he attempted to describe the causal relationship between human disease and the environment. Rome started the practices of public health by forming aqueducts, sewers and public baths. **Edwin Chadwick** in 1842 first argued that diseases were mainly due to filthy surroundings & poverty. Later **John Snow** (Anesthesiologist cum Epidemiologist) study the cholera epidemiology in London from 1848-1854 and established that polluted water is the cause. Same way **William Bud** (1856) established the drinking water as the cause of outbreak of typhoid in rural north of England. There were many rises and falls of public health in the past century. Presently, India is neither in dark phase of public health nor in golden age. The **Mudaliar Committee** in 1962 recommended that an All India Health Service should be created to replace the erstwhile Indian Medical Service [3]. Public health cadre as envisioned in the Eleventh Plan to manage NRHM is not yet in place. The **Planning Commissions'** High Level Expert Group (HLEG) suggested All India and state level Public Health Service Cadres and a specialized state level Health Systems Management Cadre in order to give greater attention to public health and also strengthen the management of the universal health coverage system [4]. In **12<sup>th</sup> five years plan** it is realized that here is an urgent real need for a dedicated Public Health cadre (with support teams comprising of epidemiologists, entomologists, public health nurses, health inspectors and male Multi

Purpose Workers) backed by appropriate regulation at the state level.

The broad mission of public health is to assure conditions (environments) in which people can be healthy. Epidemiology, statistics, sociology, psychology, health economics, health promotion, management and leadership, health systems and policy all contribute to the public health approach. The success of any health system largely depends on the effectiveness, efficiency and equity of public health practices. Like health care system, public health systems in India have weakened and is undervalued, understood and underutilized in relation to its capacity to improve the health and well-being of individuals and populations. Vaccinations, control of infectious diseases, safer food, motor vehicle safety, safer workplaces, fluoridation, and regulation of tobacco are among the public health interventions responsible for improvements in the quality and length of lives. India has a shortfall of public health professionals. Now there is an urgent need to improve the quantity and quality of public health professionals to address the public health issues. The cornerstone of public health practice is prevention, particularly primary prevention, whereby disease and injury do not occur. For providing secondary and tertiary prevention, public health professionals focus on ensuring access to effective clinical care, rather than on providing the care itself. Access to quality health care is essential to secondary and tertiary prevention and therefore, to public health.

India has a vast network of health facilities and a good number of institutions for training and research in public health. However, these facilities are usually inadequate, understaffed and short of funds. In India, the distribution of medical colleges, nursing colleges, nursing and ANM schools, paramedical institutions is uneven across the states with wide disparities in quality of education. There is a great confusion in between the public health, community medicine and preventive and social medicine. It continues to be a matter of debate that the faculties of community medicine are clinical teachers or not. Most of the textbooks of medicine do not write any chapter on public health which indicates that the medicine and the public health are on different paths. The teaching faculties of public health or community medicine do not want to be the prominent part of the clinical teaching in the rural and slums of urban areas.

While health services systems in the states will always have medical professionals but there is an urgent need for appropriately qualified and experienced professionals with public health degrees to fill gaps in critical areas of preventive and promotive services. So a uniform All India Public Health Service Cadre is the need of hour to improve national health indicators. Enhancing public expenditures on health is likely to have a direct impact on poverty reduction as over 35% of hospitalized persons fall below the poverty line because of hospital expenses [4]. (as 3.9 crores are shifting to below poverty line (BPL) per year because of treatment cost in India (Report by Hindustan Times).

All the State governments should consider the practice initiated by Tamil Nadu of creating a separate Directorate of Public Health with a dedicated public health workforce and the practice adopted by states such as Andhra Pradesh, Gujarat, Madhya Pradesh and Odisha of deputing in-service candidates to public health courses to develop public health cadres. Such courses should be made mandatory for all posts with public health responsibilities. Thus, the public health cadre will create an environment that allows the MBBS or others students to make public health of their choice. We can remove the physical shortage of manpower in health institutions at the periphery and can make the referral system and feedback very smooth.

Because of independent public health cadre & their own directorate, the impact is visible on every health program as well as health indicators in Tamil Nadu, which is on the way of continuous success as experienced by experts. Times of India reported that most of the health centres surveyed in Tamil Nadu were found clean, lively and well-staffed. Plenty of medicines were available for free and there were regular inspections. The displayed walls were plastered with charts & posters giving details of the daily routine, facility available, progress of various programs and related information. Patients streamed in and out, evidently at ease with the system.

New government in the centre under the dynamic and innovative leadership trying the best to go ahead to place public health at right & result oriented track. Preventive health care strategies can be implemented with much lower cost in comparison to curative and tertiary care strategies. This has been

emphasized by Hon'ble Prime Minister of India in his vision of CLEAN INDIA and to give more focus on preventive and promotive health care. Surely & certainly this will improve the country's health indicators and quality of health programmes having the key impact on country's economic growth. The great success of preventive strategies can be seen in the success of making India polio free in the year 2011.

“Courage (Physical, Moral, Psychological), Perseverance, Integrity and Intellectual vitality from every citizen of the Country is the key to make the Country's health at the TOP”.

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