

INTRODUCTION

Health is a kind of human capital as well as an input to producing other forms of human capital. Expenditures on health, as well as on education, are considered as an investment in human resources contributing to productive capacity of any country. An improvement in health contributes to economic development through improved productivity and lesser cost burden of treatment, resulting in improved economic welfare not only of the individuals, but for the society as a whole. Availability of an accessible and affordable health care system is essential for enabling good health care to the population of the country. This calls for close partnership between Centre, State Governments and various stake holders. In terms of functions, Constitution of India has clearly identified the role of Union Government and State Governments. In the Union list, Central Government inter-alia is entrusted with subjects such as Port Quarantine including hospitals connected therewith, and marine hospitals and union agencies for professional training and research. Public Health and Sanitation, Hospitals and Dispensaries fall under State list. Items having wider ramifications at the national level like family welfare and population control, medical education, prevention of food adulteration and quality control in the manufacture of drugs are included in the Concurrent list. The Central Council of Health and Family Welfare set up under Article 263 of the Constitution, enables consideration and recommendation of broad lines of policy with regard to matters concerning health and family welfare. Therefore, the broad role of the Central Government has been with regard to the defining of policies and providing a broad strategic framework in the health sector.

The Twelfth Five Year Plan calls for strengthening initiatives taken in Eleventh Plan to expand the reach of health care and work toward the long term objective of establishing a system of Universal Health Coverage (UHC) in the country.

The Mission and objectives of Ministry of Health and Family Welfare are as follows:

MISSION

1. Ensuring availability of quality healthcare on equitable, accessible and affordable basis across regions and communities with special focus on under-served population and marginalized groups.
2. Establishing comprehensive primary healthcare delivery system and well-functioning linkages with secondary and tertiary care health delivery system.
3. Reducing Infant Mortality Rate
4. Reducing the incidence of communicable diseases and putting in place a strategy to reduce the burden of non-communicable diseases.
5. Focusing on population stabilization in the country.
6. Developing the training capacity for providing human resources for health (medical, paramedical and managerial) with adequate skill mix at all levels.
7. Regulating health service delivery and promote rational use of pharmaceuticals in the country.

OBJECTIVES

1. Improving access to primary health care services for all sections of society.
2. Improving Maternal and Child health.
3. Ensuring a reduction in the growth rate of population with a view to achieve population stabilization.
4. Developing human resources for health to achieve health goals.
5. Reducing overall disease burden of the society.
6. Strengthening Secondary and Tertiary health care.

The Mission is sought to be achieved by close co-ordination of the various departments of the Ministry, which is listed below.

1. Department of Health & Family Welfare
2. Department of AYUSH
3. Department of Health Research
4. Department of AIDS Control

While the Department of Health and Family Welfare is responsible for implementation of national level programmes for control of communicable and non-communicable diseases, hospitals, and dispensaries and medical education, the Department of AYUSH takes care of promotion of indigenous systems of medicine such as Ayurveda, Homoeopathy, Unani, Siddha and ongoing research in indigenous medicines. The Department of Health Research is responsible for promotion of research in medical and health activities. The Department of AIDS Control is responsible for planning and implementation of programmes for prevention and control of AIDS.

THRUST AREAS OF DEPARTMENT OF HEALTH AND FAMILY WELFARE

Recognizing the fact and in the spirit of cooperative federalism, the Government of India is supplementing the efforts of the State governments to provide accessible, affordable and accountable healthcare within the framework of the National Health Policy 2002 in the area of preventive, promotive and curative health care. The National Health Mission with its two sub missions of National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) targets to provide accessible affordable and quality healthcare to the population, with focus on people living in rural areas and Urban Slums. The various initiatives under NRHM aim to bridge the Inter regional and interstate disparities to promote delivery of health services with focus on equity. The NRHM has been able to reducing overall morbidity, mortality and establishing a fully functional community owned decentralized health delivery system with flexibility for need based planning.

The Twelfth Five Year Plan would build on the achievements of the Eleventh Plan for extending outreach of public health services and for moving towards the long term objective of establishing a system of Universal Health coverage through the National Health Mission. The Government plans to fill critical gaps in infrastructure and manpower planning in recognition of fresh challenges being posed due to increasing migration from rural to urban areas. The approach under NHM focus on, inter-alia, augmentation of human resources; strengthening of health infrastructure; flexible financing and enhanced allocation of funds to health care facilities; provisioning of health service delivery in unserved and underserved areas in both rural and urban areas; decentralized planning, initiatives to improve maternal and child health; providing financial assistance to States for selection and training of Accredited Social Health Activist (ASHA) who act as a link between community and health care facilities; prevention and control of vector borne diseases as well as of non-communicable diseases. The programs and initiatives undertaken by the Department of Health and Family Welfare, like Janani Shishu Suraksha Karyakram (JSSK), Name based Mother and Child Tracking System (MCTS), delivery of contraceptives to doorsteps, Menstrual Hygiene Scheme, Weekly Iron folic Acid Supplementation Programme, School Health Programme and Reproductive Maternal New born Child Health+A (RMNCH+A) services, etc would be taken forward in greater zeal. The Department of Health and Family Welfare has executed some important structural reforms in the last decade which has invigorated the system in providing a minimum standard of health care services especially in the primary health care sector. To address critical gaps in human resources availability in the public health delivery system expansion of medical schools /nursing colleges / paramedical institution would continue to receive priority. Government has taken several initiatives to augment human resources in the health sector focusing on medical education, nursing education, paramedical education, etc. Reforms have been brought out in the MCI norms, which include revision in the requirement of land for setting up medical colleges, bed strength, enhancement of age of faculty, increase in maximum ceiling in age of intake for undergraduate students and revision of teacher student- ratio for the post graduate students. Government has also approved setting up of 132 Auxiliary Nurse Midwife (ANM) Schools and 137 General Nursing and Midwifery (GNM) Schools in various States in order to build capacity, improve the infrastructure in nursing institutions and improve quality of nursing education, apart from initiating steps in setting up a National Institute of Paramedical Sciences and 9 Regional Institutes of Paramedical Sciences.

To expand the availability of public health service at the level of tertiary care by Government of India, more AIIMS like institutions are being established and Government seeks to provide free generic medicines in all public health facilities with a view to address concerns on the high Out of Pocket (OOP) expenditure being currently incurred. Further in keeping with the changing diseases profile within the country the preventive, promotive and curative public health interventions in the areas of non-communicable disease are being addressed.