



**The Social Science Review  
A Multidisciplinary Journal**

ISSN: 2584 – 0789

**(Open Access, Peer-Reviewed, Refereed, Bi-Monthly Journal)**

**www.tssreview.in**

**ROLE OF GOVERNMENT IN HUMAN PUBLIC HEALTH IN INDIA: A REVIEW**

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**Abstract**

Government of India plays an important role in public health to ensuring well-being of citizens of his country. Government's responsibilities are broad and develop health policies and strategies to address health care and disease prevention government establishes and maintains hospital clinics and health care centre service infrastructure to provide quality health care. The government implements some measures to prevent and control disease through vaccination promotion, disease surveillance and rapid response to outbreaks. Promotional fights are conducted to educate people about the importance of healthy practices, nutrition, sanitation, hygiene and preventive health care. Governments allocate resources and funds to support health care programs to make health care more affordable and accessible to all segments of the population. As a regulatory authority, the government establishes health codes to ensure the safety and quality of health care services, food and drug standards for treatment. By giving special attention to mothers and babies, giving priority to antenatal care, providing safe palliative care and child immunization programs to reduce maternal and child mortality rates. In addition, infectious disease management such as Tuberculosis, HIV takes the campaign to control malaria and other infectious diseases through preventive treatment and awareness. Apart from communicable diseases, the growing burden of non-communicable diseases like diabetes, high blood pressure and heart disease is addressed through awareness and treatment programs. Government of India provides emergency medical assistance for natural calamities like floods earthquakes and epidemics for the well-being of citizens. Citizen-friendly government policies are undertaken to advance the country as a whole to improve the health status and quality of life of the people.

**Keywords:** *Health Care, Disease Prevention, Health Education and Awareness, National Health Policy, Public Health Programs, Governance*

**Introduction**

The Government of India provides its public health services which are directed by the Ministry of Health and Family Welfare. Government Health care major issues are managed and regulated by the government policies for the betterment of the country and its citizens to solve the problems of the people from rural to urban health centres and health centres. Government plays an important role in terms of population, where India is the second largest country with 1.3 billion people. Since independence our country is progressing through medical special mobility. After independence malaria, tuberculosis, leprosy, high blood pressure, high death rate and Child mortality is a public health problem addressed through government action, Reached almost everywhere. Health care systems are organized by primary and secondary level. Primary level has Sub Centre and Primary Health Centre (PHC). Secondary level has

Community Health Centre and Upazila Hospital. Finally in the top level provided by the government consists of tertiary medical colleges and district/general hospitals.

### **Public Health System in India**

India's public health system has evolved since 1947 due to a number of influences from the more sophisticated British influence. Need for a more effective public health system in India Nationwide, the public health system is the sum of all organized activities that prevent disease, prolong life and promote the health and efficiency of its people. The Indian health care system has historically been dominated by medical delivery and neglected public health systems. Public health initiatives affecting the people of all states like the Health Mission, Ayushman Bharat Yojana, National Mental Health Programme which are launched by the Union Ministry of Health and Family Welfare. For rural areas India had multiple systems like primary health centres, community health centres sub centres and government hospitals. These programs must follow the standards set by the Indian Public Health system as amended as necessary.

### **Facility of Government in India**

The healthcare system is organised into primary, secondary, and tertiary levels. At the primary level are Sub Centres and Primary Health Centres (PHCs). At the secondary level there are Community Health Centres (CHCs) and smaller Sub-District hospitals. Finally, the top level of public care provided by the government is the tertiary level, which consists of Medical Colleges and District/General Hospitals.[1] The number of PHCs, CHCs, Sub Centres, and District Hospitals has increased in the past six years, although not all of them are up to the standards set by Indian Public Health Standards.

- **Medical Colleges and Research Institutions**

All India Institutes of Medical Sciences is owned and controlled by the central government. These are referral hospitals with specialized facilities. All India Institutes presently functional are AIIMS New Delhi, Bhopal, AIIMS Bhubaneswar, AIIMS Jodhpur, AIIMS Raipur, AIIMS Patna and AIIMS Rishiksh. A Regional Cancer Centre is a cancer care hospital and research institute controlled jointly by the central and the respective state governments. Government Medical Colleges are owned and controlled by the respective state governments and also function as referral hospitals.

- **Sub-Centres**

A Sub Centre is designed to serve extremely rural areas with the expenses fully covered by the national government. Mandates require health staff to be at least two workers (male and female) to serve a population of 5000 people (or 3000 in a remote or hilly areas). Sub Centres also work to educate rural people about healthy habits for a more long-term impact.

- **Primary Health Centres**

Primary Health Centres exist in more developed rural areas of 30,000 or more (20,000 in remote areas) and serve as larger health clinics staffed with doctors and paramedics. Patients can be referred from local sub centres to PHCs for more complex cases. A major difference from Sub Centres is that state governments fund PHCs, not the national government. PHCs also function to improve health education with a larger emphasis on preventative measures

- **Sub-District Hospitals/Taluk Hospitals**

Sub District/Sub Divisional are located in sub-district headquarters and provide more specialized medical services than community health centers. Taluk hospitals are located in taluk headquarters and provide more specialized medical services than community health centers. Taluk Hospital is a secondary healthcare center located in the administrative headquarters of a taluk (Tehsil). Taluk hospitals provide basic medical services to the people of the local community. They have departments for general medicine,

pediatrics, obstetrics and gynecology, dermatology, ophthalmology, dentistry, and psychiatry. Taluk hospitals also have a laboratory and a pharmacy that provide diagnostic and treatment services to patients. The hospital has an emergency department that operates 24 hours a day, providing immediate medical attention to patients who require urgent medical care. Taluk Hospitals are set up either by upgrading the existing Community Health Centre (CHCs). They are referred to as Sub-district (sub-divisional) hospital for the purpose of standardisation under the revised guidelines of Indian Public Health Standards (IPHS). Taluk Hospitals are below the district and above the block level CHCs. Taluk Hospital serves as a vital connection between the SC (Sub-Centre), PHC (Public Health Centre), CHC (Community Health Centre), and District Hospital on one end. It reduces the workload at the district hospital and cuts travel time for patients in need of emergency care. Sub District hospitals are below the district and above the block level (CHC) hospitals and act as Referral Units for the Tehsil/Taluk/Block population in which they are geographically located.

- **District Hospitals**

District Hospitals are the final referral centres for the primary and secondary levels of the public health system. It is expected that at least one hospital is in each district of India, although in 2010 it was recorded that only 605 hospitals exist when there are 640 districts. There are normally anywhere between 75 and 500 beds, depending on population demand. These district hospitals often lack modern equipment and relations with local blood banks.

**Control of Communicable Diseases:** To control communicable diseases like Malaria, Tuberculosis and AIDS etc. many national programmes have started. A few of them are discussed below:

**(a) Malaria:** Malaria was killing 10 lakh people every year at the time of independence. National Malaria Eradication Programme was started in 1958. It is a biggest health programme against a single disease. As a result of this the number of deaths due to Malaria declined. The disease still exists in the country and effective efforts are still required to eradicate this disease.

**(b) Small Pox:** Small pox was a deadly disease. India had eradicated this disease from the country since April 1977. It was a big achievement of health care programme.

**(c) Tuberculosis:** It is commonly called TB. To control TB, National TB Control Programme was started in 1955. A number of TB hospitals have been opened across the country. Revised National Tuberculosis Control Programme was launched from April 1977. District T.B. centres are functioning in 446 districts of the country.

**(d) Leprosy:** Leprosy is another communicable disease which is prevalent in the country. India has highest number of leprosy patients in the world. There were nearly 20 lakh leprosy patients in India in 1990-91. National leprosy control programme was started in 1955. In 1983, the programme was renamed as National Leprosy Eradication Programme. The programme aims at eliminating leprosy from the country

**(f) Polio:** Pulse Polio Programme (Triple P) has been launched in India to eradicate polio. People gave tremendous response to this programme. To immunise the children from this deadly disease, the anti-polio drops are given to children below the age of 5 years.

**(g) Goitre Control Programme:** This disease is quite common in India. About 14.5 crore people are patients of this disease. To control this disease, iodized salt is provided to people and awareness among people is created through mass media to use iodized salt.

### **Special Functions of the Government of India in Preservation and Promotion of Public Health**

Central government provides a broader framework and direction to all programmes to be undertaken like smallpox, malaria, tuberculosis, HIV/AIDS, leprosy and others. These programmes are implemented all

over the country uniformly. It is responsible to provide funds to the state government for implementation and execution of all the initiatives. The states also implement all centrally funded programmes like family planning, Swachh Bharat Abhiyan (Clean India Mission) and universal immunization. The Union Ministry of Health and Family Welfare is responsible for the implementation of various programmes related to health and family welfare, prevention and control of major communicable diseases and promotion of traditional and indigenous systems of medicines at the national level. It also undertakes research, provides technical assistance and funds for control of seasonal disease outbreaks and epidemics. The Ministry is also responsible for the implementation of World Bank-assisted programmes like control of malaria, tuberculosis, AIDS and others. Programmes having implications at the national level come under the Concurrent list like family welfare and population control, medical education and prevention of food adulteration. Public health, hospitals, dispensaries and sanitation fall under the State list (Government of India 2015).

With respect to missions on health, NRHM and NUHM have had significant achievements. Recently, the Swachh Bharat Mission (2014–23) aims to achieve sanitation facilities, cleaner environment and surroundings for all. One of the main objectives of this nationwide campaign is to eliminate open defecation by the construction of toilets and awareness generation. AMRIT launched in 2015 aims to reduce the expenditure incurred by patients on treatment of non-communicable diseases like cancer and heart diseases (Table 8.1). With 11 centres established till 2023, it is reaching out fast to the public. The world's largest health insurance scheme, Ayushman Bharat Yojana (National Health Protection Mission), was launched in 2018. It promises health cover worth Rs. 500,000 to every poor family for treatment of serious ailments.

**Table:- 8.1**  
**National health missions in India**

Year	Name of mission
1996	Intellectual Disability-related Schemes (Vikaas, Samarth, Gharaunda, Niramaya, Sahyogi, Gyan Prabha, Prerna, Sambhav, Bhadte Kadam and Disha)
2002	Sarwa Shiksha Abhiyan
2005	National Rural Health Mission (NRHM)
2008	National Mission on Medicinal Plants
2012	National AYUSH Mission
2013	National Urban Health Mission (NUHM)
2014	Swachh Bharat Mission (Clean India Mission)
2015	Affordable Medicines and Reliable Implants for Treatment (AMRIT)
2018	National Health Protection Mission (Ayushman Bharat Yojana/Pradhan Mantri Jan Arogya Yojana—PMJAY)

**Table:-8.2**  
**National health policies/other related policies for promotion of health**

Year	Name of policy
1983	National Health Policy
1992	National AIDS Control and Prevention Policy

1993	National Nutrition Policy
1999	National Policy on Older Persons
2000	National Population Policy
2001	National Policy for Empowerment of Women
2002	National Blood Policy
2002	National Policy on Indian System of Medicine and Homeopathy
2002	National Health Policy
2003	National Policy for Access to Plasma-derived Medicinal Products from Human Plasma for Clinical/Therapeutic use
2003	National charter for children
2005	National Rural Health Mission
2006	National Environment Policy
2009	Right of children to Free and Compulsory Education Bill—2009 (education to children aged between 6 and 14 years)
2012	National Pharmaceutical Pricing Policy
2012	National Water Policy
2013	National Policy for Children
2015	National Youth Policy

Under the purview of policies, many programmes for communicable and non-communicable diseases were launched listed in Tables 8.3 and 8.4. Other than these, Ministry of Health and Family Welfare launched Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in 2006, Janani Shishu Suraksha Karyakram (JSSK) and Janani Suraksha Yojana for insuring the health care. Various programmes undertaken by the Ministry of Social Justice and Empowerment/Ministry of Child Development and Women are Integrated Child Development Services (ICDS) scheme, Mid-day Meal (MDM) Programme, Special Nutrition Programme, National Nutritional Anaemia Prophylaxis Programme (NNAPP), Reproductive and Child Health Programme and School Health Programme. With respect to supply of clean drinking water, Ministry of drinking water and sanitation introduced the Rajiv Gandhi National Drinking Water Mission (RGNDWM)

**Table: 8.3**  
**National health programmes: communicable diseases**

Year	Name of programme
1955	National Leprosy Eradication Programme (NLEP)
1955	National Filaria Control Programme (NFCP)
1962	National TB Control Programme (NTC)
1978	Universal Immunization Programme (UIP launched in 2005)/Mission Indradhanush)
1983	National Guinea Worm Eradication Programme (NGEP)
1990	National Vector Borne Disease Control Programme (NVBDCP)
1992	National AIDS Control Programme (NACP)
1993	Revised National TB Control Programme (RNTCP)
1996	Yaws Control Programme
2000	Integrated Disease Surveillance Projects (IDSP)
NA	Voluntary Blood Donation Programme (VBDP)



**Table: 8.4**  
**National health programmes: non-communicable diseases, injury and trauma**

Year	Name of programme
1950s	National STD Control Programme
1962	National Goitre Control Programme (NGCP)
1975	National Cancer Control Programme (NCCP)/National Programme for Prevention and Control of Cancer (NPPCC)
1976	National Programme for Control of Blindness (NPCB)
1982	National Cancer Registry Programme (NCRP)
1982	National Mental Health Programme (NMHP)
1988	Drug De addiction Programme (DDAP), Revised in 1993
1992	National Goitre Control Programme (NGCP) was renamed National Iodine Deficiency Disorder Control Programme (NIDDCP)
1992	National AIDS Control Programme (NACP)
1995	Pulse Polio Immunisation programme
1996	District Mental Health Programme
1998	National Programme for Control and Treatment of Occupational Diseases (NPCTOD)
2006	National Programme for Prevention and Control of Deafness (NPPCD)
2007	National Tobacco Control Programme (NTCP)
2008	National Programme for Prevention and Control of Fluorosis (NPPCF)

- **Some Important Legislation Related to Health**

The Indian Medical Council Act, 1956 and Regulations 2002;

The Indian Nursing Council Act, 1947;

The Dentists Act, 1948;

The Pharmacy Act, 1948;

The Rehabilitation Council of India Act, 1992;

The Indian Medicine Central Council Act, 1970, and The Homeopathy Central Council Act, 1973 and The Clinical Establishment Act 2010 are related to quality of education and training of health personnel (Kishore 2012; Government of India 2011).

- **Ministries Related to Improving Health**

Since good health and wellbeing have overlapped with various other dimensions, many ministries together have to work for the promotion of healthcare facilities. Various ministries that directly or indirectly contribute towards good health of the Indian population. Of the total 58 ministries, the following 26 are related to provision of healthcare services and promotion of good health.

1. Ministry of Health and family welfare
2. Ministry of Social, Justice and Empowerment
3. Ministry of Women and Child Development
4. Ministry of Human Resource Development
5. Ministry of Rural Development
6. Ministry of Urban Development
7. Ministry of Housing and Urban Poverty Alleviation
8. Ministry of Water Resources
9. Ministry of Drinking Water and Sanitation
10. Ministry of Environment, Forests and Climate Change
11. Ministry of Earth Sciences

12. Ministry of New and Renewable Energy
13. Ministry of Petroleum and Natural Gas
14. Ministry of Power
15. Ministry of Panchayati Raj
16. Ministry of Tribal Affairs
17. Ministry of Minority Affairs
18. Ministry of Labour
19. Ministry of Youth Affairs and Sports
20. Ministry of Consumer Affairs, Food and Public Distributions
21. Ministry of Agriculture
22. Ministry of Food Processing Industries
23. Ministry of Science and Technology
24. Ministry of Electronics and Information Technology
25. Ministry of Home Affairs

### **Role of Judiciary**

The Supreme Court is the original, appellate and advisory body for jurisdiction in India. In addition, Article 32 of the Constitution gives an extensive original jurisdiction to the Supreme Court in regard to enforcement of Fundamental Rights. The Supreme Court also deals with 'Public Interest Litigations', i.e. matters in which interest of the public at large is involved and the Court can be moved by any individual or group of persons either by filing a Writ Petition (Gupta 2002). The High Court is the highest body at state level. It has the power to issue jurisdiction directions, orders, or writs to any person within its state. Lok Adalats are voluntary agencies monitored by the State Legal Aid and Advice Boards. They help resolve the dispute through conciliatory method.

### **Conclusion**

The role of the government in public health in India is paramount. Through initiatives, policies, and programs, the government plays a pivotal role in ensuring access to healthcare, disease prevention, sanitation, and health education. By investing in healthcare infrastructure, promoting research, and implementing effective policies, the government contributes significantly to improving the overall health and well-being of the population. It's crucial for continued collaboration between the government, healthcare professionals, and citizens to address ongoing challenges and create a healthier India for all.

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