



**Vidhyayana - ISSN 2454-8596**

An International Multidisciplinary Peer-Reviewed E-Journal

[www.j.vidhyayanaejournal.org](http://www.j.vidhyayanaejournal.org)

Indexed in: ROAD & Google Scholar

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Emerging Public Health in India as a Key Indicator  
of Social Empowerment of People

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## ABSTRACT

The new schedule for public health in India includes the epidemiologic transition, demographical transition environmental change and social decisive of health. Health system strengthening human assets development and capacity building and regulation in public health are important key area within the health sector. Proposed National Public Health Law has been in the works since 2017 and once approved will replace the 125 year old epidemic Disease Act-1897. It is propose a four tier health administration architecture national state district and block level public health authorities who will have "well defined" powers and function to deal with public health emergencies.

**Key Words:** Public health, health infrastructure, workforce in health sector, technology in healthcare sector.



## Introduction

Public health is a state subject hence the capability of providing medical compensation to patient all income group is of respective state and Union Governments. According National Health profile 2018. India is among the countries with the least public health spending. The Indian government intent to live up to its view of health assurance to all Indian's with a health disburse of just 3% person per day that counts for 1.02% of the GDP. So, there is a need to magnify public health spending to minimum of 5% of GDP. According to National Health accounts estimates for 2014-15 the government health expenditure per year is only Rs. 1108 that comes to Rs. 3 per day. This is in contrast to out of pocket expenditure of Rs. 2394. Which comes out to be 63% of the total health expenditure.

The unrivalled Covid-19 pandemic has completely change the circumstances no one could ever imagine. Almost all facet of society have witnessed disrupt. However every challenge come with various opportunities. So, does this pandemic. It has opened a broad window of opportunities to restructure and reform the Indian Health Industry which has been in a bad state of mend underscoring the drift importance of health and wellbeing for the growth and development of the country.

In 2018 Central Government launch Ayushman Bharat Scheme which is largest health scheme in the world. It would primary target the poor deprived rural it would primary target the poor deprived rural families and pinpoint occupational category of families as per the latest Socio-economic caste census data for both rural and Urban Areas.

## 2.0 Public Health in India

Public health has primary aim disease anticipation. It involves arbitration targeted at social and environmental disease causal factor. Public health along with public sector healthcare has the common goal of keeping citizen healthy and ameliorate health measure.

Healthcare has become one of India's largest sectors both in terms of revenue and employment. The Indian Healthcare Sector is growing at a rapid pace due to its



strengthening coverage services and increasing lavishing by public as well as private players.

India's Healthcare delivery system is categorised into two major element - public and private. The government i.e. Public Health System. Comprised limited secondary and tertiary care institution in key cities and local point on providing fundamental healthcare facilities in the form of primary healthcare centres in rural areas. The private sector supply a majority of secondary tertiary and quaternary care institutions with major attentiveness in metros and Tier-1 and Tier-2 cities.

India is one of the most populous country with a large population of reeling under chronic poverty. Lack of resources has reduced the extent of Universal Health Coverage forcing people into lives of inequality and suffering. Considering the limitations of state owned health infrastructure, it is difficult to provide state sponsored health coverage.

## 2.1 Problem in Public Health Expenditure

- [1] **Lack of Modernity** : Public health infrastructure is very redundant when we consider the technological supremacy of health services. This avert entitlement people from making use of the resources and helping them to grow. If modern techniques are embrace then public infrastructure can develop too.
- [2] **Lack of Allegiance** : Public services bear from a lack of allegiance from the staff as they do not consider collusion as their duty. Their unconsciousness can sometimes lead to serious problems during the course of their obedience. This makes public health infrastructure failure when we consider universal health coverage.



## 2.2 India's Public Health Surveillance by 2035

India's Public Health Surveillance will be a predictive responsive, integrated and tiered system of disease and health surveillance that is inclusive of epitomize emerging and re-emerging communicable and non communicable disease and situations.

Surveillance will be primarily based on de-identified beatify individual level patient information that ensue from health care potential laboratories and other resources public health surveillance will be governed by an decently resourced effective administrative and technical structure and will ensure that is serves the public good.

## 3.0 Health Infrastructure

Health Infrastructure is regarded to be of most significance as it not only makes provision of resources materials and facilities to the individuals, which are necessary in promoting good health and well being but is also dispense to communities state and nation the capacity to avert disease promote good health and well being and draw up to respond emergencies, chronic disease acute health problems and illnesses and challenges to health. Health Infrastructure is regarded as the foundation for forethought delivering evaluating and bringing about improvement in public health. The provision of public health service is dependent upon the presence of basic infrastructural facilities. The measure which the individual need to practice to promote good health and well being of health infrastructure. For instance when a person gets admitted in the hospital for the health problem that he has been experiencing and recovers will, then the person will understand that the medical facilities are effectual and health infrastructure has been developed in such a manner too.

## 3.1 Function of Health Infrastructure

Health Infrastructure in Rural and Urban India provide communities, region and states and overall nation the capacity to avert disease and promote health and well being. In addition in the case of severe health problem and illness the health infrastructure



should prove to areas there are four models of health infrastructure - workforce, information, data-systems and public health laboratories.

In addition it should be understood how these models are give a significant put up in bringing about refinement in health infrastructure with advancement taking place and with the emergence of modernization and globalization there is a need to make use of modern scientific and upheaval technique in health infrastructure. The element of health infrastructure are critical to preparedness and responses activities, further more the facilities in health care are classified into primary, secondary and tertiary levels.

#### 4.0 Work force in Health Sector :

The density of health workforce in India is not even half of the 44.5 health worker per 10,000 person as recommended by world health organisation Health workers were globally applauded for their tier less meticulous services during the Covid-19 crisis not society for their role in Omit Healthcare and saving lives, but also for extremely stretched working hours, dealing with constrained resources contracting infections and sustaining unnecessary and unwarranted violence.

#### 4.1 Challenges :

- [1] **India is terribly short of Government Doctors :** India's Health care sector is resist a major crisis deficient infrastructure and human resources over the last 9 years lack of medical staff especially doctor claimed lives of 72,000 infants in government hospitals of Madhya Pradesh.
- [2] **Condition in Rural Areas -** As of March 31, 2017 the country had shortfall of 10,112 female health workers at primary health centre 11,712 female health assistance 15,592 male health assistant and more than 61000 female health workers and auxiliary nurse mid wife's at sub centres.



## 4.2 Why is it a matter of concern ?

If the entire country wants to achieve 1: 1000 doctor patient ration it will need 2.07 million have doctor by 2030 according to a study published in Indian Journal of Public Health with the Government sparing just 1.3% of GDP for Public Healthcare as opposed to global average of 6% shortage of government doctors means people will continue to incur heavy medical expenditure in private health system.

## 5.0 Technology in Healthcare Sector :

Healthcare technology is any technology including medical devices. Information technology, algorithms artificial intelligence could computing and block chain designed to support healthcare sector.

The Directive Principle of state policy of constitution of India mandate improvement of public health as one of the primary duties of the state. The centre and state government have been taking dynamic step to promote health of the people by creative a network of public healthcare facilities which provide free medical services and also proactively control the escalate of disease information access to doctors, patients researcher, healthcare professional and others to get desired change in behaviour and outcomes of all the state holder. After the emergences of the Covid-19 pandemic across the world e-health services have become increasingly useful. The government of India also manages the e-sanjeevant portal a doctor to patient telemedicine system under Ayushman Bharat Scheme. Any individuals may seek medical advice and medication through audio and video.

## 5.1 e-health services :

1. **Telemedicine** - It can be described as the remote delivery of health care services including medical examination and consultations using telecommunication services.



2. **Mobile Health** - Health refers to the practice of medicine and welfare using mobile smart devices.
3. **Electronic Health Records** - It is a systemised collection of patient history stored electronically that can be accessed across multiple formats.
4. **Wearable Sensors** - Wearable Sensors refers to the health monitors which help in tracking an individual body function like heart rate, sleep quality, oxygen level etc.

## 5.2 Challenge facing Technology in Healthcare Sector :

1. Security - It is a primary concern in healthcare application as they after deal with confidential and sensitive patient health data.
2. Cyber Security- Risk related to breach protected health information, risk related to alteration of device functionality that results in adverse efforts.
3. Digital illiteracy in rural area people not aware about technology so it can not be property used.
4. Lack of internet facility in rural and remote area - India need to own its digital health strategy that works and leads towards universal health coverage and person centred care. Such a strategy should emphasis the ethical appropriates of digital technology cross the digital divide and ensure inclusion across the economy.

## Conclusion :

There is an urgency to focus on all the 3 levels of primary, secondary and tertiary health care it is imperative that government look towards improving primary health care as a public good.





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### **Source:**

1. National Health Accounts estimate for India
2. National Health Profile 2018.
3. World Health Organisation Data.
4. Covid-19 info-icmr-nic.in
5. Down to earth magazine-doctor patient ratio.
6. Rural healthcare system - [www.nhm.gov.in](http://www.nhm.gov.in)
7. [Oxfaminadia.org](http://Oxfaminadia.org) - Public Health condition.
8. [World Bank.org](http://World Bank.org).financial support.