



HEALTH ORGANISATION AND RESEARCH IN INDIA

Sanjeev Sagar¹ & Jitendra Pratap Singh², Ph. D.

¹Research scholar (Monad University)

²Associate Professor (L.N.I.P.E. College NERC, Gauhati)

Abstract

In India, the Problems related to health and medical care are vast and varied. To meet the health requirements of our people and to make available the benefits of modern health services to the people living in the remotest parts of our country, an elaborate health organization set up has been established in our country. Efforts are made to gauge and tackle various health problems of our country through/this setup.



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Introduction

The practice of public health has been dynamic in India, and has witnessed many hurdles in its attempt to affect the lives of the people of this country. Since independence, major public health problems like malaria, tuberculosis, leprosy, high maternal and child mortality and lately, human immunodeficiency virus (HIV) have been addressed through a concerted action of the government. Social development coupled with scientific advances and health care has led to a decrease in the mortality rates and birth rates.

The health organization set up of India, falls under two heads: (1) Health Organisation at Central Level and (2) Health Organisation at State Level. According to the provisions of our Constitution, the subject of health falls under three heads i.e., Union, State and Concurrent lists. The Centre is responsible for the subjects specified in the Union, State and Concurrent lists. The states are responsible for the subject specified in the State and Concurrent lists. Thus, the centre and the states have simultaneous powers of legislation in certain matters related to health (as specified in Concurrent list) but the states can do so only under the framework of the guidelines provided by the Centre.

Health Organisation at Central Level

The administration of Health at National Level is entrusted to the Ministry of Health and Family Welfare, headed by the Minister of Health and Family Welfare. It is assigned the task of preparing and executing the national programmes/plans related to health and family welfare, The Health Minister is assisted by two committees:

1. **The Central Council of Health:** It is a statutory body set up in 1952 with the Health Minister of all the states as members and the Union Minister as the Chairman. It makes recommendations regarding health policies and helps in coordinated implementation of the national health programmes.
2. **The Central Advisory Committee:** Consisting of the Members of Parliament it makes its recommendations to the Minister of Health from time to time.
3. **Association:** Apart from these committees the Health Minister is assisted in his work by World Health Organisations, Indian Council of Medical Research and Indian Medical Association. These organizations carry on their work independently and convey their findings of research and recommendations on important health matters to the Health Ministry.
4. **Health Secretary:** Minister of Health and Family Welfare is assisted by the Health Secretary in all administrative matters. He is generally an I.A.S. officer with considerable administrative experience.
5. **Director General of Health Services:** He heads the Directorate General of Health Services. He is the main technical adviser to the Minister of Health.
6. **Directors:** He is a highly qualified and experienced person from the medical profession. Director General is assisted by Deputy Director General, Additional Director General and Directors of Health Services who look after the administration of various departments assigned to them.
7. **Subordinate Offices:** The functions of the Directorate of Health Services are carried through by various subordinate offices and sub-divisions of the Directorate. The Directorate is also assisted by several independent organizations and some councils.

Objectives/Functions of Central Health Ministry

1. To frame national programmes and policies of health and guide the states in these matters.
2. To provide health services in the centrally administered areas and union territories.
3. To provide financial assistance to states to carry out the programmes of health services.
4. To carry out medical research.
5. To provide the technical knowledge and tools to the states.
6. To carry out programmes of prevention and cure of diseases.

7. To co-operate with national and International organizations engaged in the field of health.
8. To maintain medical stores.
9. To conduct surveys.
10. To carry out prevention of communicable diseases, drug control, family planning and child care programmes, collection of data and technical training, etc.

Health Organisation at State Level

Health organization set up at the state level is somewhat similar to that at the Centre. An elected member of the Legislative Assembly or Council is appointed Minister of Health of the state. He is assisted by a Health Secretary in administrative matters. The technical adviser to the Minister in state is the Director of Health Services who heads the state health department. He in turn is assisted by the incharges of various regions in a state i.e., The Regional Director of Health Services.

Objectives/Functions of the State Health Department

1. To implement national programmes and policies.
2. To maintain health services programmes in the state.
3. To carry out programmes of controlling communicable diseases.
4. To set up hospitals, dispensaries and health centres.
5. To establish Primary Health Centres.
6. To look after medical education and nursing training.
7. To provide health instructions/education.
8. To carry out Drug Control.
9. To manage Family Planning.
10. To help collection of data.
11. To enact legislation connected with public health, industrial health and hygiene.

District Level Organisation

Various districts in a region are put under the charge of a District Medical Officer (D.M.O.) or Chief Medical Officer (C.M.O.). The pattern of district health organization differs from state to state. The designations of different officials the facilities and functions of various departments also differ. In general the states are divided into regions which are looked after by the Regional Deputy Director of Health Services.

At District level medical care and health services organization is looked after by the District Medical Officer. To assist the D.M.O. two Deputy Chief Medical Officers are appointed who

look after the departments of Health and Family Welfare. Apart from them several other officials assist the D.M.O. or C.M.O.

A big general hospital is provided at the district level, where almost all facilities are available. Districts are divided into Blocks which cater to the health requirements of about hundred villages. Every Block has a Primary Health Centre. These primary health centres were set up in the year 1952. Sub-Centres of health are also established under the primary health centres. Through these centres programmes of medical aid, prevention of communicable diseases, immunization programmes, village sanitation, maternity and child care services, school health education services, births and deaths record and programmes of health education are organized in the villages. The availability of such services is satisfactory up to the primary health centre stage but regular services to the remote villages through the Sub-Centres are very limited. Health officials from the primary health centres visit these sub-centres regularly for medical assistance.

The health organization set up in the states for providing health services to the remotest parts of our country can be understood by the diagram 13.2 given on half page.

Research in Health Education

1. **Clinical Researches:** In the field of health, research is required with regard to the body processes in health and disease. Various searches have been done to find out the causation of the disease, the actual pathological process undergone by the body and the changes that take place in disease are known as biomedical research. It also includes clinical researches to find out the effects of treatment.
2. **Epidemiological Research:** It is concerned with all aspects of any disease and also to know about the status of health of individuals as well as communities.
3. **Administrative Research:** A board area of enquiry connected with health and disease is administrative research or research in health administration. This has to do with the organizational aspects or services for provision of any kind of health care facilities. It includes health economics, cost benefit and cost effectiveness analysis, functional analysis of health care systems, health man-power planning, budgeting, workloads, studies on alternative strategies for health care and so on. Most of the bio-medical research and research in health administration are concerned with problem solving, namely, preventive, promotive and curative care for the preservation of health.

4. **Research in Health Education:** Following are distinct areas in which research can be attempted with regard to the health education programmes.

- i. Diagnostic studies for determining the need of health education based on knowledge, attitude and practice of community and also the resources available.
- ii. Action oriented studies operational research for development of health education programme models.
- iii. Evaluation or assessment of the effectiveness or impact of health education effort in any given situation.
- iv. Cost benefit and cost effectiveness of health education programmes.
- v. Effectiveness of educational aids and methods.
- vi. Development of educational methods.
- vii. Preparation of training modules.
- viii. Studies on relationship between knowledge, attitude and behaviour.
- ix. Studies on communication processes and effectiveness.
- x. Evaluation of suitable models for different situations.

Conclusion

In this changing world, with unique challenges that threaten the health and well-being of the population, it is imperative that the government and community collectively rise to the occasion and face these challenges simultaneously, inclusively and sustainably. Social determinants of health and economic issues must be dealt with a consensus on ethical principles – universalism, justice, dignity, security and human rights. This approach will be of valuable service to humanity in realizing the dream of Right to Health.

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