ADVOCACY FOR CREATION OF MINISTRY OF PUBLIC HEALTH

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*[**Abstract**: Establishment of sound infrastructure in Public Health in the early twentieth century laid the foundation in the developed world for modern medical miracles that followed with the advancements in clinical research and technology. In India, the advances in medical care and technology came to be established ahead of the development of public health infrastructure. With its immediate visible impacts, clinical care aspect of Public Health Care eclipsed the Environmental Health Care systems. Resultantly while India is recognized for its state of the art facilities in clinical care, the services relating to public health systems are getting progressively worse because of increasing urbanization and industrialization resulting in periodic outbreaks of preventable diseases which in turn outstrip the infrastructure of clinical care. It would be public good if concerted efforts at National and State levels are taken up with a view to establishing infrastructure for addressing public health issues which would go a long way in bridging the gap between the shinning and ugly India. A political/administrative set-up in the form of an independent Ministry/Directorate of Health Services at the Centre would encourage the State Governments to follow the pattern in their domain so that all the services, manpower development and research and technology development programmes relating to public health issues receive the attention of political leadership on a full time basis with sufficient resources being made available to public health care programmes with a view to establish state of the art practices in Public Health Care.]*

”Prevention is better than cure” is universally acknowledged and understood. Therefore, the nation states should give priority to measures that prevent the occurrence and spread of diseases rather than expending resources on the treatment of diseases that are preventable, and require low-cost treatment. Disease outbreaks impose heavy costs on the economy resulting in lost productivity, business disruption, and high treatment costs. It is common knowledge that most of the diseases such as dengue, diarrhea, hepatitis, cholera, malaria, tuberculosis, plague, etc., are the result of poor sanitary and hygiene conditions and are further compounded by unreliable drinking-water sources and work environment, particularly in industrial establishments. Growing urbanization becomes the contributory factor to the malaise. The best plan would be to follow a course of action that would stop the conditions that give rise to such problems, and, if such a situation does arise, then the scenario needs to be altered through a mix of strategies. This would require strategic directions that will be instrumental in long

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term planning, implementation, monitoring and redesigning of policies and programmes supported by legislative and regulatory powers to bring about a modicum of discipline across human activities and endeavours. Government should naturally like to place in position strong policies and administrative instruments to support measures towards preventing the diseases so that the burden of clinical care is minimized. The preventive measures should necessarily require sanitation management and carrying out associated activities such as garbage management, potable water supply and creating an environment in which the growth and transmission of bacteria and viruses is checked effectively. Further, preventive measures would also include tasks like vaccination and inoculation, and, screening and surveillance of humans, their dwellings and surroundings so that diseases do not spread and the breeding grounds for undesirable organisms are not allowed to flourish. Such activities can only be carried out with the active and informed involvement and participation of the public. Clinical support required, if any, for these tasks would be minimal and hence fall within the domain of 'Public Health' as distinct from 'Clinical Care' which can be done only under the careful supervision of professionals in various disciplines as applicable. Such would be a logical arrangement for ensuring optimum health care of the communities and Public Health Services should get as much primacy as clinical services so that the need to respond to outbreaks is minimized with the effective containment of causal factors of disease outbreaks. This strategy worked for the developed countries when they came out of their dismal health scenario in the mid-nineteenth century—during the phase of rapid urbanization consequent to growing industrialization. Bubonic plague, cholera and typhoid fever, to mention a few, were diseases that altered the populations of Europe and influenced monarchies. They were perpetuated by filth that harboured rats, and contaminated water supply. It was not uncommon for Europeans to throw their garbage and human wastes out of the window. They figured that stray dogs eat whatever they threw. In the United States, the scenario was no different.[1] By 1900, the garbage problem was perceived by the local

[1] Sardana, M.M.K., "A Mission Approach for Addressing Garbage Issues in India," ISID Discussion Note DN2011/12, August 2011.

governments in the US as one of the greatest problems[2]. The "age of sanitation" began in England in 1890 when it was established that certain diseases were caused by filth[3] which provided an environment conducive to the growth and spread of infectious organisms. Such an understanding gave a fillip to the growth of environmental health services to be core of the health system. Health regulations were introduced to anticipate, monitor and avert health threats across agencies such as water supply, solid waste and sewage arrangement by setting standards and conditions of licensing[4]. Similar practices came to be established in Europe as well, particularly after the beginning of "age of sanitation" mentioned above. Intensive efforts in these directions brought changes in quality of life and decrease in the number of outbreaks. In the foreword to the volume on *Public Health Issues*, referred to above, C. Everett Koop laments, "Public Health has never received the recognition it deserves. The late 19th and early 20th centuries have been referred to as the 'Age of Modern Medical Miracles', yet it was not miracles of high technology that brought about this nation to the health status it now enjoys. Instead it was public health and advances that accomplished that: clean water, proper housing immunization, eradication of small pox, increased life expectancy and the understanding of preventive medicine as exemplified by healthy lifestyle choices". Koop further notes that over the past decade or so, the infrastructure of public health systems has been allowed to be eroded by the administrative zeal towards downsizing public expenditure at all levels of government. This has severely affected the delivery system. This has also limited the scope of addressing the emerging challenges to public health, say, on account of threats from chemical nuclear fall out and related waste disposal.

With the technological advancement in clinical care that demonstrate capabilities which bring faster relief, the span of attention has now shifted towards larger

2 Crowell Barbalace, Roberta (2011), "The History of Waste: Do you want to be Garbologist?" EnviromentalChemistry.com,,June 28.

3 *Ibid*.

4 Barnett, Darryl B. *et. al*.,"Environmental Health in Public Health," Chapter 23, in F. Douglas Scutchfield, and C. William Keck (Eds.) *Principles of Public Health Practice*, Second Edition, Pp. 431–442.

investments in clinical care where effect of investments is visible immediately for government to derive political advantage.

India enjoys the benefit of latest technologies in clinical care. State of the art medical and research institutions have come up and are manned by well trained and professionally competent doctors and supporting staff. India is known for its reliable medical services. Medical Tourism in India is growing at the rate of 30% per annum and would be a $ 2 billion industry in 2015[5].

Boost in clinical care in India has come about ahead of the infrastructure set-up for improvement in Environmental Health unlike in the West because of historical reasons and delayed surge towards industrialization and urbanization. Thus, while clinical advancements are taking place, there are increasing mounds of garbage, deteriorating water quality and sewage; the sanitation condition is going bad to worse. "Only 269 out of 5161 of India's towns and cities have modern sewage systems, while 33% of the country's 1.2 billion people have access to a toilet. Roads in rural areas are littered with heaps of trash, especially in the countryside. India is drowning in garbage. The cities alone generate 100 million tons of solid waste per year".[6] Drinking water and sanitation minister has termed India as the world capital for "open defecation"[7]. Therefore, outbreaks of diseases such as dengue, diarrhea, hepatitis and cholera are commonplace and affecting all—from the richest to the poorest. India continues to be way down on health indices among the nation states despite strides in medical care matching world standards.

Globalization with increasing industrialization and urbanization has brought in its wake increased challenges to Public Health systems which have been otherwise ill-equipped to take on the burden since the last many decades. In a competitive economy, costs brought on because of low productivity arising out of illnesses and diseases will cause a major setback to the entire nation. Further strain on the

[5] "Indian Medical Tourism to touch ₹9,500 cr by 2015: Assocham," *The Economic Times*, January 6, 2009.

[6] Claudia and Gail, "The Problems with Indian Infrastructure," *Travel Muse Press*, January 14, 2011.

[7] Laxmanganapati, "India is world's capital for open defecation," *366 Puzzles, Punchlines, Images, Facts*, July 28, 2012.

economy is caused by the increased incidences of Occupational Health Diseases which get compounded because of filthy living conditions that remain unaddressed[8].

Monica Das Gupta *et al*.[9] noted that The National Health Policy of 2002 (Para 2.24) states that environmental health conditions fall outside the purview of the health ministry. The Policy underlined the need for extending public medical facilities for improvement of urban health, rather than building of public health systems. Donor agencies, who are generally from Developed countries and who, as detailed above, have set high standards of public health before tilting their bias towards clinical care and public health issues arising out of life styles, also seem to share the views expressed in Para 2.24 of the National Health Policy 2002. The donor agencies may be motivated to push their businesses of clinical care products and support systems countervailing the negative effects of living styles by encouraging developing countries like India to tune its thinking and policies which become supportive of their commercial interests. However, India at this stage of development, when urbanization and industrialization are giving rise to increasing public health concerns, should lay greater stress on Public Health Services, at least in terms of development of and expenditure on clinical services. Deteriorating Public Services, as on date, would continue to cause breakout of diseases which would need more and more medical care and which would stand outstripped as long as disease causing factors are allowed to proliferate.

Monica Das Gupta *et al*.[10] have brought out that the Central Government's policies have inadvertently de-emphasized environmental health and other preventive services in India since 1950. Central Government and the State Governments, following their advice, took policy decisions allowing public health services and its practitioners and experts to be eclipsed by the medical services and their practitioners so much so that health services fell off the radar screen of the health

[8] Sardana, M.M.K., "Health and Safety at Workplaces in India," ISID Discussion Note DN2012/04, May 2012.

[9] Gupta, Monica Das, B.R. Desikachari, Rajendra Shukla and T.V. Somanathan (2010), "How Might India's Public Health System be strengthened? Lessons from Tamil Nadu," *Economic and Political Weekly*, Vol. 45, No. 10. Pp. 46–60.

[10] *Ibid*.

ministry and most of the state health departments, resulting in weakening of capacity in public health policy, planning and implementation. While the need of the hour in the face of increasing industrialization and urbanization was to strengthen the public services and create conditions that all the essential services forming components of an efficient health delivery system function in an integrated and focused way, the exact opposite was done. 65 per cent of entomologists' posts are lying vacant and 25 out of 30 states do not have a single practitioner of entomology. The country has a sanctioned strength of only 30 entomologists. The work of an entomologist is vital as they are professionals who conduct vector surveillance. Diseases like malaria and dengue manifest in vectors first. So, identifying infected vectors can warn the programme of impending outbreaks and control the spread among humans. Entomologists have, over the years, not been given enough importance in public health cadre. Many states have disbanded the cadre and stopped recruiting. This is why many states have failed to identify mass breeding of vectors and are reeling under outbreaks of malaria and dengue. As on date, 25 states do not have entomologists; this includes many major states like Maharashtra, J&K, Karnataka, U.P., Rajasthan, Punjab, Bihar, Haryana, H.P., Uttaranchal and Chhattisgarh. State of West Bengal, which is currently reeling under the dengue outbreak, does not have a single state entomologist.[11] Public Health Engineering services have been separated from the health departments and the efficacy of the engineering wing is now noticed only in provisioning of water supply and may be in sewerage and their contribution in managing subsoil water drainage to control vector breeding and management of solid waste has become suboptimal[10]. Such a fragmented approach has affected the efficiencies at grassroots levels resulting in overall inefficient delivery. Public Health Infrastructure has been allowed to collapse and manpower stands deployed to donor-driven single issue programmes of controlling specific diseases. Thus, the infrastructure of public health services stands depleted, disoriented and increasingly out of tune with the existing and emerging health issues.

[11] Sinha, Kounteya, "65% of entomologists' posts lying vacant," *The Times of India*, September 14, 2012.

New challenges to Public Health Issues such as Nuclear and Chemical fall outs and proliferation of microwave towers are going unaddressed. Similarly, no concerted effort is being made for creating infrastructure to address public health issues arising out of working conditions of the labourers in the organized as well unorganized sectors[12].

Lamenting on poor public health facilities in India, Minister of the Union has expressed his frustrations by stating, "Our cities are the dirtiest cities of the world. If there is a Nobel Prize for dirt and filth, India will win it, no doubt".[12] Occasional outburst like this need to be followed up with concrete thinking on policy reorientation. Obviously, it would be imperative that high priority is attached to public health issues.

Monica Das Gupta *et al*. have proposed the establishment of public health focal point in the health ministry, and revitalizing the state's public health managerial and grassroots cadres. They have suggested phased progress in four areas: (1) enactment of public health acts to provide the basic legislative underpinning for public health action; (2) establishment of separate public health action directorates with their own budgets and staff; (3) revitalization of public health cadre, and 4) engagement in ensuring municipal public health. The suggestions made by this group are bare minimum that need to be taken by the Central and the State Governments as a token of making a statement that they are appreciative of the challenges posed by public health issues. However, the problems in public health area have already reached gigantic proportions and the domino effect of these problems is being felt with increasing intensity. Mere tokenism won't do. An all-out single-minded drive would be required from the Central Government. Admittedly, the problems arising out of public health issues fall within the law-making responsibilities of the State Governments. Fact remains that public health services constitute a pure public good and would form a basic part of a country's developmental infrastructure which would have to be in sound shape as a prerequisite for overall development. Therefore, the Central Government, with its capacity to remodel the state's priorities

[12] *Op. cit*. 9.

through its fiscal leverage, convening power, technical resources, and ability to draw and disseminate lessons across the states, would have a role to play in establishing the basic infrastructure of public health systems which would, in essence, bridge the gap between the two India's—shining and ugly.

The need of the hour would be to provide sound political leadership to take charge of the problem, grapple with the issues within the sector and across the sectors; communicate with the people directly and inspire confidence in them that the Government and its political arm are determined to bring the public health services at par with world standards in measurable span of time. As the leadership motivates the people and garners their support through community leaders, it would have to create institutions for working out programmes and develop manpower in various disciplines and subsectors of the public health system with a view to generating and sustaining the momentum to carry forward the programme towards attaining the set standards. Central Government and State Governments would become equal partners in this gigantic task. The task is indeed stupendous. ISID Discussion Note, "Health and Safety at Workplaces in India,"[13] reflects the reality of the non-existent professional services in work-related public health issues as an example to illustrate manpower challenges in this field. Public Health is an area which needs a quantum jump when the supporting infrastructure that is required to give the initial push is not adequate. Not surprisingly, the challenges of the future of Public Health arising from possible nuclear fall outs, chemical fall outs and related waste disposals are away from the realm of imagination.

The challenges, thus, are enormous and would require the supporting hand of the leadership on a full-time basis. Mere focal point in the health ministry, which is fairly engrossed with clinical care issues at this stage and its focus would remain so, would not do. This misgiving is strengthened by the fact that though there is "Special Director-General of Health (Public Health)" who is primarily overseeing the health ministry's single-focus programmes, he is not focusing on the general issues related to public health. Similarly, Directorate of Health Services in States have generally

[13] *Op. cit*. 8

reoriented themselves largely to clinical care. The need of the hour would be to have an exclusive Ministry of Public Health that will include extensive coverage of all relevant institutions and government formations which deal with the sectors in Public Health. The Ministry would have its own demand for grants. It would be making policies, programmes and implementing schemes to subserve its objective and execute appropriate infrastructure for developing specialized manpower research and providing wherewithals to the implementing agencies. An independent Ministry would be reflective of the seriousness of the Government in this task. Parliament would supervise through its various subcommittees which would be a valuable channel for communication between the Ministry and Public Representatives to keep the issues in sharper focus. This process itself is a vital which facilities availability of resources to accomplish the tasks by keeping vigil over the public through its representatives.

A dedicated Ministry with its Directorate of Public Health Issues under an independent minister would be the framework through which National leadership would take on the challenges to Public Health. With such a set-up at the centre and fiscal leverage from its end, the states can be encouraged to set up similar structures in their domains. Once such a political/administrative set-up is in position, the first objective would be to establish who will take up the responsibility on a full time basis. There would be firm and clear cut delineation of responsibilities to deliver an India where Public Health standards complete with the best anywhere. The public will be eagerly awaiting the formation of this single point political/administrative set-up to respond to the existing and emerging challenges.