

## General Studies-2; Topic: Issues relating to development and management of Social Sector/Services relating to Health, Education, Human Resources.

### The case for a Public Health Cadre

#### 1) Introduction

- Instituting an All India Health Cadre (AIHC), much like IAS, is the much needed and long awaited institutional reform in the health sector.
- AIHC will be a positive deviation from traditional public healthcare system.

#### 2) Background

- In 1959 the Mudaliar Committee advocated a dedicated personnel for Public health management.
- It observed that “personnel dealing with problems of health and welfare should have wide outlook and experience of administration at the state level”.
- In 1973, the Kartar Singh Committee said that “doctors with no formal training in surveillance systems, data management, leadership and communication skills etc are ill-equipped to work in public facilities”.
- The medical education that a doctor receives has hardly any relevance to the conditions in which they would be required to work
- In 2011, a High Level Expert Group on Universal Health Coverage recommended creation of an All India Public Health Service Cadre
- The 12th Five Year Plan and the National Health Policy, 2017 also advocated establishing a public health management cadre to improve the quality of health services.

#### 3) Why have such a cadre?

- To have a dedicated, professionally trained personnel to address the specific and complex needs of the Indian health-care delivery system
- The health system is grappling with issues such as a lack of financial management, technical expertise, logistics management, and social determinants of health and leadership.
- Doctors with clinical qualifications and even with vast experience are unable to address all these challenges
- In the absence of a public health cadre in most States, a district medical officer, required to implement public health programmes, could be a radiologist or an orthopaedic doctor with scanty knowledge of public health management.
- At the Ministry level, the highest post may be held by a person with no formal training in the principles of public health
- With a public health cadre in place, we will have personnel who can apply the principles of public health management to avoid mistakes like the tragedy in Uttar Pradesh as well as deliver quality services.
- This will improve the efficiency and effectiveness of the Indian health system.
- The poor will benefit as this will reduce their out-of-pocket expenditure and dependence on private health care.
- This will also save resources of specialists by deploying them in areas where they are definitely needed.

### 4) Ground Reality

- Tamil Nadu and Maharashtra have maintained a Public Health Directorate staffed by a trained cadre of public health managers
- Tamil Nadu has a discernible difference in the way health delivery is done there vis-à-vis Uttar Pradesh.
- In U.P., even in a tertiary hospital, simple record keeping of oxygen cylinders is not followed.
- Recently, Odisha has notified the establishment of a public health cadre in the hope of ensuring vast improvement in the delivery of health care.
- Such a service at the all-India level is still to translate itself into reality.

### 5) Way Forward

- Exclusive department of public health at the levels of the Ministry and the States will help in implementation of public health management cadre.
- Doctors recruited under this cadre may be trained in public health management on the lines of the civil service
- Doctors can be compulsory posted for two-three years at public health facilities.
- Such a system is followed in Thailand, where every doctor is required to work in the district hospitals for three years before moving on to their area of specialisation.
- Director General in the Health Ministry from this cadre with similar arrangements at the State level will improve planning and provide much-needed public health leadership.
- Financial support for establishing the cadre must be provisioned by the Central government under the Health Ministry's budget.
- Freeing up of bureaucrats and their utilisation in other much needed places.
- Health management has vital technical dimensions that have to be appropriately married to general management principles.
- The AIHC must be contextualised by making health a concurrent subject (as was done in the case of education)
- Restructure the administrative ministries into two distinct departments – one devoted to public health and the other to medical education