Health Systems in India

Introduction to Health Systems in India

Definition:

- A health system comprises all organizations, institutions, resources, and people whose primary intent is to promote, restore or maintain health.
- In India, the system is a mixed health system involving public and private service providers.

Components of the Health System:

1. **Public Health Sector**
   - Primary, secondary, and tertiary healthcare services
   - Central (Ministry of Health and Family Welfare - MoHFW) and State Health Departments
2. **Private Sector**
   - Hospitals, clinics, diagnostic centers, pharmaceutical companies
3. **Health Insurance**
   - Government (e.g., Ayushman Bharat), private insurance schemes
4. **Regulatory Bodies**
   - National Medical Commission, Pharmacy Council of India, Drug Controller General of India (DCGI), etc.
5. **Healthcare Workforce**
   - Doctors, nurses, pharmacists, paramedical staff
6. **Health Information System**
   - Data systems like Health Management Information System (HMIS), eSanjeevani, etc.
7. **Logistics & Supply Chain**
   - Drug distribution, equipment procurement
8. **Public Health Programs**
   - Disease control, maternal and child health, nutrition

Goals of the Indian Health System:

- Provide universal access to quality health services
- Reduce health inequalities

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- Ensure affordability, accountability, and efficiency
- Strengthen primary health care

National Health Programs in India

HIV AND AIDS Control Programme

- **Official Name**: National AIDS Control Programme (NACP)
- **Launched**: 1992
- **Current Phase**: NACP Phase V (2021–26)

Objectives:

- Prevent and control the spread of HIV infection.
- Provide care, support, and treatment to people living with HIV (PLHIV).
- Reduce stigma and discrimination associated with HIV/AIDS.
- Strengthen institutional capacities at the national and state levels.

Functioning:

- **Surveillance**: Monitoring HIV prevalence through sentinel surveillance and lab-based diagnostics.
- **Awareness Campaigns**: Targeted interventions in high-risk groups (sex workers, MSM, injecting drug users).
- **Free ART**: Antiretroviral Therapy is provided through ART centers.
- **Prevention of Parent-to-Child Transmission (PPTCT)**: HIV testing in pregnant women and provision of nevirapine.
- **ICTC**: Integrated Counseling and Testing Centres for early detection.
- **Community Participation**: Engagement of NGOs and self-help groups for outreach and awareness.

Outcomes:

- Significant reduction in new infections.
- Reduced AIDS-related deaths due to widespread ART.
- Improved life expectancy and quality of life for PLHIV.
- Increased public awareness and voluntary testing.

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Role of Pharmacists:

- Dispensing ART drugs and ensuring adherence.
- Counseling on drug side effects and interactions.
- Monitoring drug resistance and reporting adverse reactions.
- Educating patients on safe practices and prevention.
- Supporting community-based distribution in rural/remote areas.

Revised National Tuberculosis Control Programme (RNTCP)

- **Now Called**: National Tuberculosis Elimination Programme (NTEP)
- **Launched**: 1997 (Revised); Target to eliminate TB by 2025.

Objectives:

- Early detection and complete treatment of TB cases.
- Reduce TB transmission, morbidity, and mortality.
- Provide universal access to TB care services.

Functioning:

- **Directly Observed Treatment, Short-course (DOTS)**: Ensures treatment adherence.
- **Universal Drug Susceptibility Testing (UDST)**: To detect drug-resistant TB.
- **Nikshay Portal**: For case tracking, notification, and monitoring.
- **Free Diagnosis and Treatment**: At government hospitals and PHCs.
- **Active Case Finding**: Outreach in vulnerable populations.
- **TB Preventive Treatment (TPT)**: For latent TB in high-risk groups.

Outcomes:

- Decreased TB incidence and mortality rates.
- Increase in treatment success rates (>85%).
- Better control of drug-resistant TB cases.
- Significant awareness in urban and rural populations.

Role of Pharmacists:

- Dispensing anti-TB medications under DOTS.
- Monitoring adherence and side effects.

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- Counseling patients and reducing stigma.
- Participating in community TB surveillance.
- Educating public about TB prevention and hygiene.

Integrated Disease Surveillance Programme (IDSP)

- **Launched**: 2004
- **Implementing Body**: National Centre for Disease Control (NCDC)

Objectives:

- Early detection of outbreaks and emerging diseases.
- Monitor disease trends for planning public health response.
- Improve laboratory capacity and data collection.

Functioning:

- **Disease Reporting Units (DRUs)** at districts.
- **Weekly Reporting**: From public and private health facilities.
- **Rapid Response Teams (RRTs)**: For outbreak investigation.
- **IT Network**: For real-time data entry and analysis.
- **Training of Surveillance Officers**: At state and district levels.

Outcomes:

- Successful identification and containment of outbreaks (e.g., H1N1, COVID-19).
- Improved public health preparedness and disaster response.
- Better inter-sectoral coordination.

Role of Pharmacists:

- Reporting abnormal drug sales indicating disease spikes.
- Assisting in community education during outbreaks.
- Participating in awareness campaigns for hygiene and preventive care.
- Distribution of emergency medications and supplies.

National Leprosy Eradication Programme (NLEP)

- **Launched**: 1955; Revised in 1983.

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