



## **PUBLIC HEALTH REFORMS IN INDIA: AN ANALYSIS OF MDGS AND NATIONAL HEALTH POLICIES**

**Raja Kumar Pydi**

*Research Scholar, Department of Sociology and Social Work, Acharya Nagarjuna  
University.*

**Prof. V. Vekateswarlu**

*Department of Sociology and Social Work, Acharya Nagarjuna University*

### **Introduction**

Public health plays a vital role in the social and economic development of a nation. In India, the healthcare system has undergone significant reforms since independence to improve the health status of the population and ensure equitable access to healthcare services. The growing burden of communicable and non-communicable diseases, rapid population growth, maternal and child health concerns, and rural–urban disparities made health policy reforms essential for national development.

To address these challenges, the Government of India introduced various National Health Policies and health development programs. The **National Health Policy, 1983** emphasized the goal of “Health for All” through primary healthcare services and community participation. Later, the **National Health Policy, 2002** focused on strengthening healthcare infrastructure, increasing public health investment, and improving disease control measures. Subsequently, the **National Health Policy, 2017** aimed at achieving universal health coverage, affordable healthcare, quality services, and preventive healthcare for all citizens. Alongside national reforms, the **Millennium Development Goals (MDGs)** introduced by the United Nations in 2000 played a major role in shaping health priorities across developing countries, including India. The MDGs focused on reducing child mortality, improving maternal health, and combating diseases such as HIV/AIDS, malaria, and tuberculosis. These global goals encouraged policy changes, improved health programs, and strengthened international cooperation in public health sectors. This paper examines the evolution of

public health reforms in India through an analysis of the Millennium Development Goals and the National Health Policies of 1983, 2002, and 2017. It highlights their objectives, achievements, challenges, and contributions toward improving healthcare delivery and public health outcomes in India.

### **National Health Policy, 1983**

Public Health Policy (NHP), which was taken on in 1983 essentially centered around the definition of an incorporated, comprehensive and exhaustive methodology towards future advancement of well-being administrations. These well-being administrations were expected to be properly upheld by clinical instruction and exploration, with unique spotlight on the PHC and related help administrations. The main accomplishment during the Seventh Five Year Plan was with regards to foundation of a satisfactory well-being framework, especially in the country regions. During the Eight Plan (1992-97), „human development“ was distinguished as the subject of fundamental concentration and well-being and populace control were recorded as two of six need targets. Accentuation was given on the way that medical services offices should arrive at every single person toward eight arrangement's end. This plan likewise distinguished that peoples“ drive and dynamic cooperation plays a critical part to play in working with essential medical care administrations.

In 1992, a public preservation methodology and an approach proclamation on climate and advancement were formed by perceiving the significance of supportable turn of events and it was coordinated towards carrying ecological contemplations into the improvement cycle. Connections were laid out between neediness, populace development and the climate. In the NHP sustenance was recognized as an issue that requires exceptional consideration and as result in 1993 a National Nutrition Policy was presented with long and momentary key intercessions. The family government assistance program which was upward organized was expected to be supplanted by a more equitable and decentralized elective program. In 1994, a draft of public populace strategy was submitted to parliament and its updated report in 1996. This strategy supported an all-encompassing, multi-faceted methodology for the adjustment of truly expanding populace, without setting any objective for explicit preventative techniques aside from accomplishing a public typical Total Fertility Rate (TFR) of 2.1 constantly 2010. Thus, an extreme shift has been seen in the arrangement from incorporated focuses to decentralized approach. To help populace strategy a Population and Social Development Commission was additionally settled (Ministry of Health and Family Welfare, 1983).

The proposals of the ICPD (1994) were acknowledged by India and different worldwide shows were likewise confirmed by the country for getting equivalent privileges for women. After the World Summit on Survival, Protection and Development of Children in 1990, India likewise devised a Strategy for Action for Children in 1992 with activities and mediations that would straightforwardly and by implication influence the kid well-being.

Albeit the general death pace of the nation has declined significantly, individuals keep on driving their life in one the least fortunate day to day environments of the world. The well-being area has been confronting various imperatives, for example, absence of satisfactory assets, absence of an incorporated help and coordination, unfortunate interest of NGOs, insufficient research centre and mechanical administrations, unfortunate illness reconnaissance framework and reaction frameworks and the prerequisite of weighty speculation managing non-transferable infections. The issue of orientation divergence is still a lot of predominant in different structures. The confirmations of the declining female to male sex proportion, savagery against women at the home grown and social level, social generalizing and proceeding with oppression the young lady youngster, juvenile young women and women depicts the ongoing status of women in the general public. Along these lines, the period since the National Health plan was declared in 1983 has seen a portion of the significant improvement in the country. There has been critical expansion in the mortality because of different „lifestyle“ illnesses diabetes, stroke, malignant growth and cardiovascular sicknesses. With the expansion in future, the prerequisite for geriatric consideration has likewise expanded altogether. Simultaneously, the rising weight of injury cases is likewise ending up being a significant general medical issue. Starting around 1983 a few changes have been brought out in the well-being area of the nation and this has created a circumstance in which the public authority embraced different strides to plan another strategy system known as the National Health Policy, 2002. Be that as it may, the public authority flopped radically in understanding the equitably characterized objectives and focuses of well-being and it needed to change its courses and needs affected by primary change program (SAP) of 1990s.

The ten years of 1990s, known for a few financial and primary changes and moving towards advancement, privatization and globalization (LPG), brought about significant moves even in the well-being strategy. Three significant things noted then were: (1) expanding investment of intentional associations and private organizations;

(2) expanding the nature of care at tertiary level; and (3) client charges even at the general

medical services communities. Further, right when the new century rolled over and appearance of the new thousand years, the world got another vision, regarding the Millennium Development Goals (MDGs). Similarly, as the Alma Ata Declaration was pushed behind the NHP, 1983, the MDGs turned into the push for the NHP 2002.

### **Millennium Development Goals (MDGs)**

Toward the start of the 21st hundred years, Millennium Development Goals were planned and they had explicit objectives for the social change of the whole world. MDGs were a bunch of mathematical and time-bound targets, which were committed towards the estimation of accomplishments in human and social turn of events. The MDGs had its starting point from the Millennium Declaration which was created by the United Nations. The Millennium Declaration was an endeavour to frame the most aggressive plan till date which was designated towards the annihilation of destitution and preventable infection, advancement of impartial turn of events and assurance of the earth's climate. In the Declaration it was stated that every single individual has the privilege to lead an existence with opportunity, respect, uniformity and approach a fundamental way of life with fundamental city conveniences. Each individual's life ought to be without yearning, infection and viciousness and support resistance and fortitude. The MDGs were made to operationalize and execute these thoughts by setting up targets and pointers for lessening neediness and further developing well-being (McArthur, 2014).

MDGs were the eight worldwide and advancement objectives, which were consented to be accomplished by every one of the 192 part provinces of United Nations and something like 23 global associations continuously 2015. These eight objectives were focused on the destruction of outrageous neediness and appetite, accomplishment of all inclusive admittance to essential instruction, insurance and advancement of orientation balance, orientation equality and strengthening of women, decrease in the paces of youngster mortality, improvement in the maternal and kid well-being, battling against the executioner illnesses like HIV/AIDS, intestinal sickness and other preventable infections, guaranteeing ecological maintainability and foundation of a worldwide organization for supportable development and advancement. This multitude of objectives was straightforwardly or in a roundabout way connected with the improvement in well-being status of people and networks. Significant victories were accomplished as far as fighting outrageous destitution and appetite, further developing enrolment rates in schools and well-being status of youngsters and controlling spread of profoundly lethal and infectious illnesses, for example, AIDS, Malaria and TB in

practically every one of the agricultural nations even in the least fortunate nations showed that the MDGs were attainable (Ministry of Statistics and Program Implementation, 2015).

The MDGs didn't talk all that was required to have been said about well-being and climate. They didn't express anything about the significance of successful well-being frameworks which are fundamental for the accomplishment of all imperative well-being objectives, as well as about regenerative well-being or transmittable sicknesses. It is, hence, must be perceived that MDGs were a type of shorthand for probably the most significant and fundamental results that advancement ought to accomplish. The well-being explicit objectives of MDGs brought about: less women's deaths during labour; critical expansion in the quantity of kids getting by during the early long stretches of life; managing the calamity of HIV/AIDS; making life-saving medications effectively available to individuals who are out of luck; and better well-being in the entirety of its structures making a significant commitment to the decrease of destitution.

### **National Health Policy, 2002**

The second National Health Policy for example NHP 2002 appeared as a result of MDGs.

There were a few weaknesses in the NHP 1983 and hence, the NHP 2002 was presented which was an amended and profoundly further developed form of the NHP of 1983. It consolidated a few well-being related objectives and goals, which were proposed by the MDGs. The NHP 2002 recommended the accompanying measures:

- (1) increment the use in well-being area to 6 percent of Gross Domestic Product (GDP) and continuously 2010, 2 percent of GDP would be contributed for the interest in general well-being;
- (2) to diminish the different types of uneven characters and imbalances and keep a harmony;
- (3) 55 percent of the absolute well-being speculation ought to be distributed for the essential well-being area, though 35% and 10 percent for optional and tertiary areas individually;
- (4) extraordinary accentuation should be laid upon the execution of general well-being programs through the support and dynamic inclusion of neighborhood self-government establishments;
- (5) expanded interest for experts in the general medical care and family medication;
- (6) the proportion of attendants opposite specialists/beds expects to be improved;
- (7) inviting the expansion in the portion of private area in every one of the areas of well-being related exercises;
- (8) accentuation on the requirement for streamlining and making the cycle simple for government common society connecting to upgrade the association and investment of common society in general well-being projects;
- and (9) need for giving expanded admittance of auxiliary

and tertiary well-being administration to clients from abroad who can pay (Ministry of Health and Family Welfare, 2002).

In any case, it couldn't prevail with regards to accomplishing the "objectively" characterized objectives due to a few reasons and absence of assets and unfortunate foundation were significant among them. The objective of destruction of poliomyelitis was missed; be that as it may, there was no announcing of regulations beginning around 2004. As per the norms of WHO, sickness was pronounced killed, nonetheless, more advances were expected to be taken. Coordinated Disease Surveillance Project (IDSP) was started however the laying out of National Health Accounts and Health Statistics was all the while falling behind. Additionally, IDSP was likewise going at a sluggish speed. Expenditure of state area well-being didn't expanded much as arranged structure 5.5 percent to 7.7 percent of spending plan. The arrangement neglected to address the women strengthening strategy 2001 while endorsing measures for guaranteeing women well-being. In this arrangement enough consideration was not paid towards women's well-being and correspondingly, youngster well-being, teenagers, advanced age gathering and issues of orientation separation and brutality neglected to get satisfactory worries. School well-being programs neglected to create wanted brings about larger part of the areas. There was a not kidding crisscross between the examination of circumstance and remedy of measures in the arrangement. There was comment on reinforcing the essential medical services framework, yet the way in which this could be accomplished was no place referenced in the approach. This approach didn't expressed anything about the issue of town well-being labourers. Further, it neglected to construct a solitary stage for bringing anganwadi labourers and other grass root level specialists together.

### **National Health Policy 2017**

During the Five-Year Plans, the National Health Policy of 1983 and the National Health Policy of 2002 directed the methodology for the well-being area pretty well. Presently, following a long time since the last well-being strategy, the specific circumstance and the situation has changed altogether in four significant ways. To begin with, the needs in well-being area are evolving. Despite the fact that there is critical improvement in the maternal and youngster well-being and their death rates have declined quickly, the weight because of non-transferable illnesses and a few irresistible sicknesses is

developing quickly. The subsequent significant change is the powerful development of medical care industry, which is assessed to be developing at the pace of twofold digit. The third change is the rising occurrences of gigantic use because of medical services costs and at present being one of the significant supporters of poverty is assessed. Fourth, the monetary limit has improved because of rising financial development. Thusly, another well-being strategy was expected in light of these relevant changes.

The principal objective of the National Health Policy, 2017, is to focus on and reinforce and give data and explanation about the job that administration needs to play in forming medical services frameworks in every single aspect. These aspects remembers upgrading speculations for medical care area, counteraction against sicknesses and contaminations, better association and compelling execution of medical care projects and administrations and advancement of good well-being through multi-sectoral vital intercessions, empowering clinical pluralism, creating information base for giving better well-being administrations, admittance to better innovations and its usage for medical care, creating accessible HR, growing better procedures for monetary insurance, fortifying guideline and well-being confirmation. NHP 2017 expands on the headway that has been made since the last NHP 2002.

### **Objective**

The significant objective of this approach is imagined as the accomplishment of the greatest conceivable degree of well-being and prosperity for every single person of the multitude of ages. This can be accomplished through a medical care direction in every one of the major formative arrangements, which is preventive and promotive in nature and widespread admittance to great quality medical services administrations without anybody getting experience the ill effects of monetary emergency as an outcome. In addition, there are number of different factors, for example, improving the nature of medical care administrations and bringing down the expense of medical care conveyance, which would assume adverse part in accomplishing this objective. Maintainable Development Goals (SDGs) have been perceived as of crucial significance in this strategy.

### **Key Policy Principles**

- Professionalism, Integrity and Ethics: The arrangement is committed towards keeping up with elevated requirements of incredible skill, trustworthiness and morals in the medical services conveyance arrangement of the country. This

should be upheld by a solid, straightforward and capable administrative climate.

- **Equity:** Reducing disparity would mean making a positive move to arrive at the least fortunate and minimized segments of the general public. It would intend to decrease divergence on the ground of orientation, neediness, standing, handicap and different types of social avoidance.
- **Affordability:** With the expansion in expenses of care, reasonableness requires exceptional accentuation. Well-being use surpassing 10% of its absolute month to month utilization consumption is characterized as horrendous family medical services uses
- **Universality:** Prevention of rejections on the grounds of social, monetary or on current well-being status. In this background, frameworks and administrations are imagined to be intended to serve the necessities of the whole populace.
- **Patient Centred and Quality of Care:** Effective, protected, helpful and orientation delicate medical care administrations ought to be given nobility and classification. There is need to create and scatter norms and rules for all degrees of offices. A framework is expected to be laid out to guarantee that the nature of medical care isn't compromised.
- **Accountability:** In both public and private well-being areas, monetary and execution responsibility ought to be taken. There should be straightforwardness in navigation and medical services frameworks ought to be totally without any trace of debasement.
- **Inclusive Partnerships:** A multi-partner approach is required, which would include successful organization and investment of all non-well-being services and networks. This approach would incorporate organizations with scholastic establishments as well as not so much for benefit offices.
- **Medical Pluralism:** When proper and when the patients picks thus, would approach AYUSH care suppliers. It ought to be founded on reported and approved nearby, home and local area based rehearses. These frameworks would likewise get government backing and help with exploration to create and improve their commitment to meet the public well-being objectives.
- **Decentralization:** The force of dynamic should be decentralized to a level which is in consistency with the institutional limit and other common sense contemplations. Simultaneously, people group interest is likewise should be advanced in the well-

being arranging processes.

- **Dynamism and Adaptiveness:** The unique association of medical services framework should be worked on continually based on new information and gaining procured from the networks and from public and global information accomplices.

## **Conclusion**

Public health reforms in India have played a significant role in improving the healthcare system and enhancing the overall health status of the population. The National Health Policies of 1983, 2002, and 2017 reflect the changing health priorities of the country and demonstrate the government's commitment toward achieving accessible, affordable, and quality healthcare for all citizens.

The **National Health Policy, 1983** laid the foundation for primary healthcare and rural health services with the vision of "Health for All." The **National Health Policy, 2002** focused on strengthening healthcare infrastructure, disease control, and increasing public health investment. Later, the **National Health Policy, 2017** emphasized universal health coverage, preventive healthcare, digital health services, and reduction of out-of-pocket expenditure. These policies collectively contributed to improvements in maternal and child health, immunization, life expectancy, and disease prevention.

Similarly, the **Millennium Development Goals (MDGs)** provided a global framework for addressing major public health challenges. India made considerable progress in reducing child mortality, improving maternal health, and controlling communicable diseases through various national programs aligned with MDG targets. However, challenges such as unequal healthcare access, shortage of healthcare professionals, inadequate funding, and rising non-communicable diseases still remain. Public health reforms in India have brought significant positive changes, but continuous policy improvement, stronger healthcare infrastructure, increased public awareness, and effective implementation are necessary to achieve sustainable and inclusive healthcare development. Future health strategies should focus on equity, accessibility, technological advancement, and community participation to build a healthier and stronger nation.

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