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Diploma in Pharmacy 1st Year
Social Pharmacy
Chapter 5 : Health System and National Health Programmes

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SOCIAL PHARMACY

Chapter 5

Health System and National Health Programmes

HEALTH SYSTEMS IN INDIA

- According to WHO, health system is the sum total of all the organisations, institutions and resources whose primary purpose is to improve health.
- Health system includes health activities, health programmes, medical care providing institution i.e., hospitals, clinics and primary health care centres and the policies expressed by the government to deliver optimal health care for its citizens.
- Health system should be convenient, well-organised, economical, and of good quality.

Health system generally includes the following:

- Growth of health policies, along with their implementation plan and development of regulatory system for health services.
- Define and develop the institutional framework to provide the health services in the range of this system.
- Assign and organise financial and human resources for its functioning.
- Organise, govern and provide the health services.

Organisation and Administration of Health System in India

- The science of formulating and regulating government agencies whose goal is to promote the physical, mental and social well-being of the people of the country is known as health administration.
- India comprises of 28 States and 8 Union territories
- In the constitution of India it is mentioned that the states are mainly independent in matters related to the provision health care to the people.
- Every state has well- established separate health care delivery system, Independent of the Central Government.

There are three levels of health system in India:

1. Central level
2. State level
3. District level

CENTRAL LEVEL

Central level consists of mainly three organisations of health system:

- Union ministry of health and family welfare
- Directorate general of health services
- Central council of health,

Union Ministry of Health and Family Welfare

- The Union Ministry of Health and Family Welfare is regulated by a Cabinet Minister, a Minister of State, and a Deputy Health Minister.

→ They are politically appointed to serve dual role, i.e., political as well as administrative duty for health care.

Organisation

At present, the union health ministry consists of the following departments:

1. Department of Health.
2. Department of Family Welfare.
3. Department of Indian System of Medicine and Homoeopathy.
4. Department of Health Research.

Functions

- The functions of Union Health Ministry are enumerated in the seventh schedule of Article 246 of the Constitution of India under:
 - The Union list
 - The State list
 - The Concurrent list

Union List

- ✚ The Central government manages these functions listed under the union list:
- ✚ It manages, international health relations and administration of port-quarantine.
- ✚ It takes care of Central Health Institutes, like All India Institute of Hygiene and Public Health, Kolkata; National Institute for Control of Communicable Diseases, Delhi, etc.
- ✚ It coordinates with states and other ministers to promote health.

State List

- ✓ Administration and control of the health care workforce.
- ✓ Establishment of government funded national health program
- ✓ Regulation of food and drug quality.

Concurrent List

- ➔ To prevent of transmission of communicable diseases from individual to individual.
- ➔ To regulate of drugs and poisons.
- ➔ To record vital statistics.
- ➔ To plan economic and social health welfare
- ➔ To control population and ensure family planning.

Directorate General of Health Services

- The Directorate General of Health Services (Dte.GHS) stores complete technical knowledge regarding public health, medical education, and health care.
- It is an associated organisation of Ministry of Health and Family Welfare.
- Organisations
 - Deputy DGHS for Medical Care and Hospital
 - Deputy DGHS for public health
 - Deputy DGHS for General Administration

Functions

- ✓ Medical Education,
- ✓ Central Health Education Bureau,
- ✓ National Medical Library,
- ✓ Medical Research,
- ✓ National Health Programme

Central Council of Health

→ On August 9, in the year 1952, The Central Council of Health was established by a Presidential Order under Article 263 of the Constitution of India. It was created for developing the synchronised and combined action between the centre and the states in the implementation of all the programmes and measures concerning to national health

Organisation

- The chairman of Central Council of Health is the Union Minister of Health and State Health Ministers are its members.

Function

- ✓ To examine and propose broad outlines of policy in respect to the matters regarding health in all its aspects like the provision of remedial and preventive care, environmental hygiene, nutrition, health education and the promotion of facilities for training and research.

STATE LEVEL

- In history, the first achievement in the state health administration was in the year 1919, when the states (territories) achieved autonomy (independence), under the Montague-Chelmsford reforms, from the Central Government related to public health.
- Some system of public health organisation was created by all the states till 1921-22. Additionally, the states attain further autonomy by the Government of India Act, 1935.
- The ultimate authority which is liable for the health services within the jurisdiction is the State.
- Minister and with a Secretariat under the charge of Secretary/Commissioner (Health and Family Welfare) belonging to the team of Indian Administrative Service (IAS) lead the state level organisation which is under the State Department of Health and Family Welfare

Function

- ☑ To create, review and modify the outline of broad policy.
- ☑ To conduct policies programmes, etc.
- ☑ To ensure coordination with Government of India and other state Governments.
- ☑ To regulate functioning of administrative machinery, i.e., in a smooth and effective way.

DISTRICT LEVEL

- District is the most essential level in the administrative unit which defines the Geographical boundary and population: and is important for implementation of medical health services.
- There are 6 main types of administrative area within each district, namely, Sub- division, Tahsils (Talukas), Community Development Blocks, Municipalities and Corporations (urban area), Villages, and Panchayats

Function

- ✓ It provides independent segment of National Health System
- ✓ It provides middle level management organisation.
- ✓ District works as the principal unit of management in India under a Collector.

NATIONAL HEALTH PROGRAMMES

- Control/eradication of communicable diseases, upgrading of environmental cleanliness, rising the standard of nutrition, population control, and enhancing rural health are the functions for which the National Health Programs have been established by the Central Government.
- Various international organisations (WHO, UNICEF, UNFPA, and World Bank) as well as foreign organisations (SIDA, DANIDA, NORAD, and USAID) have provided technical and material aid in the application of these health programmes.

Role of Pharmacist in National Health Programmes

- A community pharmacist has direct contact with the public and his/her services are in high demand by the public and patients. He/she provides prescribed medications, and, in some situations OTC drugs (which do not need a prescription)
- The popular slogans of "patient-centered practise' and drug abuse prevention' were put into reality.
- National health promotion campaigns on a variety of A community pharmacist can participate in local and drug-and health-related subjects.

NATIONAL ACUTE RESPIRATORY TRACT INFECTION (ARI) CONTROL PROGRAMME

- The aim of National Acute Respiratory Tract Infection (ARI) Control Programme is to reduce deaths of children below 5 years of age due to pneumonia and other childhood disorders.
- It ensures good quality of care to under-five children who are hospitalised due to severe forms of pneumonia.

Objectives

- To lower the death rate of children below 5 years of age due to pneumonia
- To minimise the seriousness of death from pneumonia in children.)
- To justify the use of drugs in Acute Respiratory Tract Infection (ARI).

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAM (RNTCP)

→ National Tuberculosis Programme (NTP) was launched in 1962; still, the treatment success rates were excessively low and the death and default rates due to tuberculosis remained high.

Objectives

- Achievement of at least 85% cure rate of infectious cases of tuberculosis through DOTS, involving peripheral health representatives.
- Expansion of case-finding activities through quality sputum microscopy to detect at least 70% of estimated cases.

NATIONAL ANTI MALARIA PROGRAMME

→ In the year 1982, the National Drug Policy on Malaria was first formulated, and then subsequently reviewed and revised.

→ Current National Drug Policy for Malaria (2010) has been formulated with the aim to provide more effective antimalarial drugs and drug resistance status in the country.

Objectives

- To prevent deaths and morbidity due to malaria.
- To maintain on-going socioeconomic development.
- To reduce API up to 1.3 or less in the 11th Five Year Plan.
- Minimum 50% reduction in mortality due to malaria.
- To halt and reverse the incidence of malaria,

NATIONAL FILARIAL CONTROL PROGRAMME (NFCP)

→ The National Filarial Control Programme (NFCP) was initiated in the country in 1955 after pilot project in Orissa from 1949-1954.

→ The main objective of this programme is to determine the problem, initiate control measures in widespread areas, and to instruct staff to guide the programme.

Objectives

- To conduct surveys in different parts of the states where the problem was prevalent for determining the extent of frequency, infection type, and their vectors.
- To instruct professional and supportive staff required for the programme.
- To control filaria in urban areas via repeated anti-parasitic measures.

NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

→ For eradicating leprosy in India, Eradication Programme is a health scheme of the Ministry of Health and Family Welfare, Government of India. In 1983, this scheme was launched as a continuation of the National Leprosy National Leprosy Control Program (1955).

Objectives

- To facilitate early detection via active surveillance by trained health workers.
- To provide regular treatment by Multi-Drug Therapy (MDT) at fixed centres in nearby villages of moderate to low endemic areas.
- To increase health education and public awareness campaigns for removing social stigma attached to the disease.

- To facilitate suitable medical rehabilitation and leprosy ulcer care services.

NATIONAL AIDS CONTROL PROGRAMME (NACP)

- National AIDS Control Programme was launched in India in 1987.
- The Ministry of Health and Family Welfare established National AIDS Control Organisation (NACO) as a separate wing to implement and monitor the various programme components.
- NACP aims to prevent the transmission of HIV, to reduce the rates of morbidity and mortality associated with HIV infection, and to minimise the socio- to economic impact of HIV infection.

Objectives

- To prevent infection by covering the high-risk groups with Targeted Interventions (TIs) and scaled up interventions in the general population.
- To provide greater care, support, and treatment to large number of HIV and AIDS (PLHA) patients.

STD CONTROL PROGRAMME

- In 1946, the National Sexually Transmitted Diseases Control Programme (NSTDsCP) was initiated. programme aimed to focus on the health seeking This behaviour of STD socialembarrassment with these infections.
- In 1992, the NSTDsCP was made an essential part of the National patients and to reduce the AIDS Control Programme

Objectives

- To explain the epidemiological effect of STDs.
- To discuss the ways for minimising the risk for STDs.
- To check out how condoms can reduce the risk for STDs.
- To illustrate the clinical presentation of STDs.
- To layout the management, complication and prevention plan of STDs.

IODINE DEFICIENCY CONTROL PROGRAMME

- Iodine being an essential micronutrient is required for normal body growth and mental health development.
- It is an essential element for human survival; thus, Iodine Deficiency Disorder (IDD) is considered a serious threat.
- For preventing, controlling and eliminating iodine deficiency disorders, National Disorders Iodine Deficiency (NIDDCP) was Control Programme implemented.
- It also provides support to the States for establishing IDD cell and IDD monitoring laboratories for quality control of iodised salt and for monitoring urinary iodine excretion.
- This programme also conducts survey of goitre and health education activities.

Objectives

- To evaluate the extent of IDD problem in the country.
- To evaluate the effect of control measures after every 5 years.

- To check the quality of available iodised salt and to estimate their urinary iodine excretion pattern.
- To conduct IEC campaigns for promoting community participation in implementing the program.

EXPANDED PROGRAMME ON IMMUNISATION (EPI)

- In 1974, the Expanded Programme on Immunisation established for was developing and spreading immunisation programmes all over the world.
- In 1977, the goal was set to immunise every child in the world against diphtheria, pertussis, tetanus, poliomyelitis, measles, and tuberculosis by 1990.
- For controlling and eradicating infectious diseases, the Expanded Program on Immunisation (EPI) is used as a distinctive evidence-based tool.
- Childhood communicable diseases, which can cause death and severe disability, are prevented by EPI.

Objectives

- To provide access to suitable vaccines for targeted groups (older children, adolescents, and adult pregnant women) for controlling disease and achieving better health.
- To minimise maternal mortality rate.
- To eradicate measles infection.
- To eradicate maternal and neonatal tetanus.
- To prevent pulmonary tuberculosis.

NATIONAL FAMILY PROGRAMME WELFARE (NFWP)

- Family planning is defined as planning by individual or couples to have only the children they want and when they want them for responsible parenthood.
- Planning of birth as well as welfare of whole family by means of total family health care are included under family welfare.
- In 1951, the National Family Planning Programme was initiated; and in 1977, it was renamed as the National Family Welfare Programme by the government of India.

Objectives

- To promote acceptance of small family size norm.
- To promote the use of spacing methods.
- To arrange for clinical and surgical services for achieving the targets.
- To reduce population growth rate.
- To provide need-based demand for high quality integrated reproductive child health care.

NATIONAL DIABETES CONTROL PROGRAMME

- National Diabetes Control Programme was initiated by the Government of India during the 7th Five Year Plan in 1987 in some districts of Tamil Nadu, Jammu & Kashmir, and Karnataka. But, this programme could not be expanded further due to lack of funds in succeeding years.

Objectives

- To prevent diabetes by identifying high risk individuals and through early interventions via health education.
- To facilitate early diagnosis and treatment of diabetes to reduce morbidity and mortality among high risk group individuals.
- To provide equal opportunity for physical achievement and academic achievement for diabetic patients.
- To provide rehabilitation care to partially or completely handicapped diabetic patients.

PULSE POLIO PROGRAMME

- In 1995, Pulse Polio Immunisation Programme was launched in India, with the global initiative of eradicating polio in 1988, following World Health Assembly resolution.
- Every year during National and Sub-national immunisation rounds, polio drops are administered to 0-5 years aged children (in high risk areas).
- On each National Immunisation Day (NID), approximately 172 million children are immunised against polio.

Objectives

- To hinder the transmission of wild poliovirus by the end of 2014 and new cVDPV outbreaks within 120 days of confirmation of the first case.
- To accelerate the disruption of transmission of all poliovirus and to strengthen the immunization systems.
- To achieve certification of the eradication and containment of all wild poliovirus in all WHO regions by end of 2018.

NATIONAL CONTROL CANCER PROGRAMME (NCCP)

- National Cancer Control Programme (NCCP) is a public health programme that reduces the number of cancer cases and deaths.
- It also improves the quality of life of cancer patients by implementing efficient, reasonable and evidence-based strategies for prevention, early diagnosis, treatment and palliation of cancer.
- In 1975, the NCCP was launched. Later, in the year 1984-85, it was revised with more focus on primary prevention and early detection of cancer.
- The programme introduced various schemes to intensify cancer control activities.
- These schemes were modified (under the 10th Five Year Plan) to increase the existing facilities.

Objectives

- To provide primary prevention by health education on the harmful effects of tobacco consumption and necessity to maintain genitals hygiene for preventing cervical cancer.
- To provide secondary prevention by early detection and diagnosis of cancer through screening methods and educating patients on how to self-examine,
- To intensify the existing cancer treatment facilities.
- To facilitate palliative care in terminal stage cancer.

NATIONAL NUTRITIONAL ANAEMIA PROPHYLAXIS PROGRAMME

- In 1970, the National Nutritional Anaemia Prophylaxis Programme was launched.
- Later, it was revised and expanded under National Iron Plus Initiative (NIPI) Programme in 2011 to include beneficiaries from all age groups, such as children aged 6-59 months and 5-10 years, adolescents aged 10-19 years, women of reproductive age, and pregnant and lactating women.
- lower than expected, and none of them had folic acid concentration that was higher than predicted.

INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) PROGRAMME

- The Integrated Child Development Services (ICDS) scheme was launched on 2nd October, 1975.
- It is a flagship programme of the Government of India, and is one of the world's largest and unique programmes for early childhood care and development.
- The beneficiaries under this scheme are children of 0-6 years age, pregnant women, and lactating mothers.

Objectives

- To enhance nutritional and health status of children of 0-6 years age.
- To establish the foundation for proper psychological, physical and social development of the child.
- To minimise the occurrence of mortality, morbidity, malnutrition, and school dropout.
- To achieve efficient co-ordination of policy and implementation between the various department to promote child development.
- To build-up the potential of mother to take care of the health and nutritional demands of her child via proper nutrition and health education.

MID-DAY MEAL PROGRAMME (MDMP)

- mid-day healthful lunch, to government government-aided schools.
- On 28th instruction was passed by the Supreme Court of India stating, Territories to implement the Mid-Day Meal Scheme by providing every child in every Government and Primary School with prepared midday meal".

Objectives

- To increase school admission and attendance.
- To improve socialisation among children belonging castes.
- To address issue malnutrition among children.
- To facilitate social empowerment of women employment.
- To provide nutritional support to children of primary in drought-affected areas during summer vacation.

Mid-Day Meal Scheme

→ From 15th August, 1995, Mid-Day Meal Scheme was initiated in India under the name of National Programme of Nutritional Support to Primary Education (NPNSPE). In October 2007, the NP-NSPE was renamed as National Programme of Mid-Day Meal in Schools, which is popularly known as the Mid-Day Meal Scheme (MDMS).

Objectives

- To increase the admission of children belonging to disadvantaged sections in schools.
- To increase school admission and attendance.
- To maintain children studying in classes I-VIII.
- To provide nutritional support to children of primary stage in drought affected areas.

NATIONAL MENTAL HEALTH PROGRAMME

- The fundamental and essential component of health is mental health.
- According to the WHO, mental health is defined as a "state of well-being in which an individual realises his/her abilities, can cope with the normal stressors of life, and can work productively, and is able to make a contribution to his/her community.
- In 1982, the National Mental Health Programme (NMHP) was launched to ensure mental health care services for all, especially for the community at risk and under-privileged section of the population.
- This programme also encourages application of mental health knowledge in general health care and social development.

Objectives

- To provide knowledge of mental health in general health care and social development.
- To encourage application of mental health knowledge in general healthcare and social development
- To encourage community participation in mental health service development.
- To increase human resources in mental health subspecialties.
- To prevent and treat mental and neurological disorders and associated disabilities.

ADOLESCENT HEALTH PROGRAMME

- A health programme for adolescents of 10-19 years age was launched by the Ministry of Health and Family Welfare to target their nutrition, reproductive health, substance abuse, and other issues.
- Adolescent health gained power as a priority focus area in the last few years.
- Over time, the view point of health has transformed into a holistic interconnected agenda under the Sustainable Development Goals (SDGs) with greater understanding of social factor of health and incorporation of the discourse of well-being.
- Rashtriya Kishore Swasthya Karyakram (RKSK)
- On 7th January 2014, the Government of India launched Rashtriya Kishore Swasthya Karyakram (RKSK, nation's first comprehensive adolescent health programme) in New Delhi.

- According to RKSK, adolescents are girls and boys of 10-19 years age, in urban and rural areas, married and unmarried, poor and wealthy, in school or out of school.
- This definition helps to address lots of problems of adolescents across various groups and categories.

Objectives

- To improve nutritional and health status of girls of 11-18 years age.
- To guide adolescent girls for improving or upgrading home-based vocational skills.
- To create awareness on health, hygiene, nutrition, family welfare, home management, and child care
- To acquire a better understanding of their environment-related social issues and effect on their lives.

NATIONAL GUINEA WORM ERADICATION PROGRAMME (GWEP)

- In 1983-84, the National Guinea Worm Eradication Programme (GWEP) was launched by the Government of India as a centrally-sponsored scheme on a 50:50 sharing basis between Centre and State Government.
- The objective of this programme was to eradicate guinea worm disease from India.

Objectives

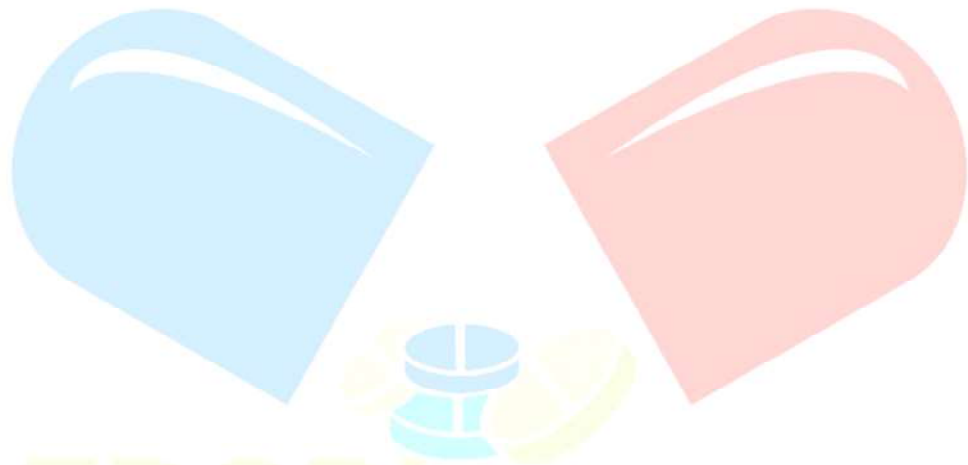
- To provide health education.
- To develop trained manpower.
- To provide and maintain safe drinking water supply in guinea worm endemic villages.
- To provide simultaneous evaluation and operational research.

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS (NPCB)

- The National Program for Control of Blindness (NPCB) was launched as a 100% centrally sponsored program in 1976.
- The activities included in the program are establishment of Regional Institute of Ophthalmology (RIO), upgradation of medical colleges and district hospitals and block level primary health centres, development of mobile units, and employing required manpower in eye care units for providing ophthalmic services.

Objectives

- To reduce the occurrence of preventable blindness by identifying and treating curable blind at primary, secondary and tertiary levels, based on the valuation of overall burden of visual impairment in the country.
- To develop and strengthen the strategy of NPCB for "Eye Health for All" and preventing visual impairment by providing comprehensive universal eye-care services and quality service delivery.
- To enhance community awareness on eye care and emphasise on preventive measures.
- To increase and expand the research for prevention of blindness and visual impairment.
- To secure participation of voluntary organisations/private practitioners in delivering eye care.



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