Challenges to Public Health in India

Prof. Lalit M. Nath,
Former Director, All India Institute of Health Sciences,
New Delhi, India

We have all had the privilege of listening to eminent and wise people talking about their public health vision and health in the coming century. I wish to reiterate that public health will not only continue to be important in the future, but will, in fact, be even more essential. Also, I would like to build on the points stated by previous speakers.

For the purpose of this discussion, I am using "public health" as a broad term, to include related disciplines called by various names in India and elsewhere. I am using all the terms—public health, preventive medicine, social and preventive medicine, community medicine, and community health—as synonyms.

I would like to ask you to think about the following basic questions:

- Is public health a specialty when called by any of the synonyms in use? Is there a special branch of knowledge with specifically defined skills?
- If there is a disease outbreak, are there any special skills or knowledge that make some persons more capable of responding quickly and effectively?
- When planning health interventions in an area (small or large, or a country or a district), are some people more likely to suggest appropriate actions than others, and does knowledge and training have any role in this difference?
- Are there any special skills or knowledge that contribute to better understanding of disease determinants?
- Do some people find it easier to examine health-related information and discern a meaningful pattern, therefore, having the ability to intervene before a health emergency occurs?

In other words, is there a scientific discipline, such as public health, with its own body of knowledge and skills? If the answer is negative, then we should be very clear about the implications and be prepared to react, as follows:

- We should stop talking as if public health actually exists as a subject.
- We must stop persuading medical students and other health professionals into choosing public health as a career.
- Public health should be deleted from overburdened training programs, including those for medical students and other health professionals.
- No post-graduate degrees or disciplines should be permitted in this area, because these degrees and diplomas delude students into thinking that a career option exists for them.

But if your answer is positive, concluding that public health is a speciality and discipline, then one must be equally prepared to develop this decision to its logical conclusions. Think carefully before you reach this decision. You may have to face reality and feel uncomfortable about what actually occurs in India and other countries around us, and also confront the possibility that we, as individuals, are somewhat guilty of "double talk."

This leads me to the next question: "Is public health a career option?" If no public health speciality exists (called by any of its names), then there is no need to have a career option. In fact, it is wasteful and dishonest to subscribe, even partially, to the pretence of this option.

Let us examine India's situation and decide our advice to our own son, daughter, nephew, or niece who joins a medical college. Shall we suggest a career in public health, even if the child is idealistic and recognizes that treating illness is necessary, but is only dealing with the failures of the health system? Should we suggest that it is important to keep people well, to ensure that children do not become ill, so that they can grow into healthy young people? Should we emphasize that mothers must not die just because they are fulfilling their reproductive functions, and that young men and women should not get HIV infection because of ignorance? Or shall we tell them to avoid public health, like the plague, and pursue another discipline?

After all, the top positions in public health can be filled by any speciality, but in other disciplines their own specialists are only eligible for the top positions. For example, the most important technical position dealing with maternal and child health in India is the Directorate of Health and Family Welfare. The incumbent of this position, theoretically, makes the final technical decision in all matters relating to child health in the country. A friend of mine was appointed to the post. His experience, until he became the Deputy Commissioner for Maternal and Child Health for India, was in teaching anatomy, with a specific interest in medical education.

I wonder if anyone else, in this assembly, shares my sense of amazement – a professor of anatomy, one day, and guiding the destiny of millions of children, the next day. India is truly a country of miracles – the miracle being that this appointment was seen as logical and fitting, and no one questioned it.

Let us examine even further up the hierarchy. Should there be a position at the very top of the system to deal with matters of health, as distinct from the equally important and necessary position of the responsibility for clinical care and related aspects? Should there be a leader who is concerned with policy level decisions concerning health care delivery in the community, with a major emphasis on the public sector? It seems logical that he or she should be a person with special expertise in "health issues" and in one or more of the following areas:

- Public Health
- Health Administration and Planning
- Epidemiology

The reality is that we have a position of director-general, with training and expertise in clinical care, but there is no equivalent for a person trained in health. It is unfair to require a clinical specialist to make decisions in an area where he or she has no training or experience. If logic or common sense were being used, and if the objective was to have the best possible technical guidance for the country's health policies, then the job requirements would specify training in public health.

I could offer many similar examples. For instance, the largest hospital for tuberculosis treatment, in Delhi, was directed by an eye surgeon! One of the best medical institutions in the country had, as the chief of the department, a person without formal training in public health. Even today, there are medical colleges that train undergraduate medical students and, yet, do not have a single member of the faculty trained in public health!

Perhaps the most pernicious example is the fact that, except in perhaps two states in India, the Chief Medical Officer of Health in a district does not need any training in any area, even remotely connected with his job description.

Seniority is the sole criteria for the senior public health positions, not seniority in public health positions, but seniority as a doctor of any speciality.

I am reminded of my friend and colleague, Dr. Harcharan Singh. He once asked the Minister if he could be appointed as the chief of an extremely specialized surgical discipline. The Minister laughed at this, but Harcharan pointed out that, because he knew his limitations, he would not

cause any harm, since he would not operate. Unfortunately, those who are appointed to health positions cause harm, because they do not know their limitations.

Perhaps the most danger exists on the district level. The deficit of public health expertise results in a complete absence of skill application of epidemiology and, therefore, neither micro-level planning nor anticipatory public health action is taken. The system reacts slowly, generally when the media publicizes disease outbreaks.

The senior director positions are not as dangerous, since all decision-making is controlled by the Ministry. Considering the deficit of expertise in the technical department, it was inevitable that the decisions began to be made by administrators, who have no training in health. I believe that this deficit of strong technical leadership in the higher echelons of the technical department suits the administrators because it increases their power and authority.

Is there a Public Health Service or Cadre? The answer is no. A person who completes a postgraduate degree in community medicine has only a few options. He can open a private practice and hope no one will question the area of his MD degree, or he can enter state or central governmental health services, where he is another general duty medical officer, with no particular advantage for public health training. The third option is to join a medical college as a faculty member, to help train other deluded students to face the same options he has.

This was not always the case; in India, two separate and distinct departments existed. The Director of Public Health led the public health service, and the clinical services were headed by the Inspector General of Civil Hospitals.

One department defined training in public health and designated responsibilities for staff commensurate with their training; the other branch demanded clinical training. The two branches were merged, in a well-intentioned attempt to increase the status of public health, but it has resulted in the annihilation of the discipline.

The Community

The community suffers for the lack of public health knowledge and skills when they receive sub-optimal health service. Public health experience is, by and large, not involved in senior decision-making levels – or even in community or district levels. People who can only be characterized as "unqualified" make health decisions, resulting in national financial waste, because of inefficiency, and reducing the grass-roots community to less than optimal health care.

I strongly support the view that public health is a viable, developing, and evolving speciality with its own body of knowledge and skills that are required to provide optimal health care services to the community. Health care services are needed that are proactive in anticipating conditions that are potentially detrimental to community health; that can respond promptly to conditions requiring health interventions; and that can utilize modern, cost-effective technology to improve the community health status.

If health plans for a district (or even smaller area) are to be targeted for the special needs of the area, it is essential that, while general policies and national plans are made on a national or state level, the details of the health plan for the community are made specifically for the designated micro-area. Micro-planning requires both information (data) and expertise. Public health skills are required for gathering relevant data, analyzing it for conversion into information, and then designing plans that balance the available resources, technology, and needs and constraints of the local situation to optimally plan interventions.

If the expertise of public health is to be utilized, then it is essential that public health inputs are available when health decisions (as opposed to clinical decisions) are made at national, state, or even district levels. This will not be assured, unless attention is given to the development of a strong manpower base, ensuring that the system is modified so that a distinct cadre of public health specialists is established, extending from the periphery to the top positions in the directorate of health and family welfare.

Perhaps the changes that I am suggesting are rather extensive. I think that, unless a committed attempt is made to restructure the health system in the country, less comprehensive measures will only be palliative and will not lead sustainable change. I am not suggesting that the top position in the directorate of health and family welfare should be designated only to public health personnel. I feel that a strong argument can be made for a reorganization that creates more than one position at the top level – a DGHS level position for health and another position for hospital and clinical services.

A distinct cadre of public health specialists should be established, extending to the periphery, with the district level designated as an area of great priority. Nowhere is the deficit of public health expertise such a liability as at the district level; in fact, the department should extend below that level. Today, there is no expertise in public health to guide the fieldwork at the PHC and below. It seems logical that the community health center, the old PHC for populations of 100,000 people, should have a public health purpose. This would not entail any extra funds, as the current staffing position includes four specialists and one general duty medical officer. The GDMO position should be for the public health service and, eventually, should be filled with persons trained in public health. Similarly, at the district level, the health positions should be derived from the staff of the public health service, and the chief medical officer of health should necessarily have public health expertise. The position of civil surgeon could be revived as the clinical specialist who leads the clinical care system in the district.

Having a public health service, with a clear career structure and suitable salary (remembering the practice options available to different types of medical doctors), will attract good workers into public health. It will also require a training infrastructure. It is unbelievable that a nation, with almost a billion people, should have only one school of public health. The many academic departments of preventive and social medicine have lost touch with practical public health and seem to be working, not at producing public health professionals, but rather at producing medical college faculty.

Public health is almost extinct in India, and I do not think that we can survive without it. It is time we faced up to this need and the implications of our current situation. If public health is not required, let us withdraw the emergency life support systems and allow it to die in dignity. If, on the other hand, we do need it, then let us not withdraw from the implications and move forward to establish a public health system. The United States has had a strong public health service for years and responds in a proactive manner to the dynamic and changing health scenario. We, in India and other regions, can no longer afford the luxury of doing without the skills and knowledge of public health. Our health scenario requires it, and the people deserve no less.