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Q7

Appropriate local community level healthcare intervention is a prerequisite to achieve 'Health for All' in India. Explain.

UPSC Civil Services Mains 2018 · GS II · 10 marks · Health, Education and Human Resources

Issues relating to development and management of Social Sector / Services relating to Health, Education, Human Resources.

Core demand of the question

- Appropriate local community level healthcare intervention is a prerequisite to achieve 'Health for All' in India. Explain
- Link Alma-Ata and the Bhore three-tier idea to ASHA, PHC, NHM and **Ayushman Bharat** Health and Wellness Centres

Revision summary

Alma-Ata (1978) and the **Bhore Committee** make community primary care the core of Health for All.

Article 47 and the **Eleventh Schedule** place public health with the State and with panchayats.

NRHM/NHM, ASHA, VHSNC and IPHS are the Indian local architecture; vacancies and weak honoraria undermine them.

Ayushman Bharat Health and Wellness Centres must carry NCD and primary care, or insurance only pays late hospital bills.

Untied local grants, filled PHCs, and a strong ASHA-ANM front door are the practical path.

Flow diagram

Health for All Alma-Ata -> Local community care
Local community care -> ASHA ANM VHSNC
Local community care -> Sub-centre PHC HWC
Sub-centre PHC HWC -> CHC and district referral
ASHA ANM VHSNC -> Health for All Alma-Ata

Conclusion

- Complete Health and Wellness Centres with a Community Health Officer, diagnostics and NCD drugs, and publish IPHS vacancy data by block.
- Route a larger untied health grant through panchayats and municipalities, with VHSNC social audit.
- Keep hospital insurance as a backstop, not as a substitute for the ASHA-ANM-PHC front door.
- **Health for All in India will be won or lost in the habitation:** ASHA, sub-centre, PHC and the panchayat. National missions and insurance help only when that local community

intervention is staffed, stocked and accountable, which is exactly what Alma-Ata and the Bhore design asked for.

Facts & figures

Alma-Ata Declaration, 1978

WHO-UNICEF declaration that primary health care in the community is the key to Health for All.

Bhore Committee, 1946

Recommended a three-tier public health structure from the village to the district for independent India.

National Health Mission

Umbrella of NRHM and NUHM; ASHA, IPHS, and village health committees are its community tools.

National Health Policy, 2017

Seeks comprehensive primary health care and a higher public share of health expenditure.

Ayushman Bharat (Budget 2018)

Health and Wellness Centres for expanded primary care, plus a hospital-cover arm; the first arm is the community prerequisite.

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