Q6

"Besides being a moral imperative of Welfare State, primary health structure is a necessary pre-condition for sustainable development." Analyze.

UPSC Civil Services Mains 2021 · 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

- "Besides being a moral imperative of Welfare State, primary health structure is a necessary pre-condition for sustainable development." Analyze
- Honour the official stem. Use NHM, Ayushman Bharat and ASHA as the Indian architecture
- Keep the explanation within a 10-mark length

Revision summary

Primary health is a Welfare-State moral duty under Article 47 and Article 21's dignity reading.

- **It is also a pre-condition for sustainable development:** schooling, labour, epidemic control and household poverty all turn on the first mile.

NHM and ASHAs are the community spine; Ayushman Bharat adds HWCs and PM-JAY insurance.

Insurance without PHC staff and drugs still fails the poor.

Fund Health and Wellness Centres as infrastructure, not as a leftover after tertiary schemes.

Introduction

A Welfare State that leaves the first mile of health to chance fails Article 47 and the Preamble's justice. Primary health structure is also economic infrastructure: without it, learning, labour productivity and sustainable development goals remain paper.

Body

Moral imperative of the Welfare State

- Article 47 directs the State to raise nutrition and living standards and to improve public health; primary care is how that directive becomes a clinic, not a slogan.
- Alma-Ata's primary health care idea - access, prevention, community workers - is the ethical minimum of a Republic that promises dignity under Article 21 as read in health-related cases.
- Out-of-pocket spending that pushes households into poverty is a Welfare-State failure even when tertiary hospitals glitter in capital cities.

Pre-condition for sustainable development

- Healthy children attend school; healthy adults stay in the workforce; reduced stunting and infection are growth policies, not only clinic policies, which is why SDG 3 sits inside any serious

sustainable-development strategy.

• Epidemic surveillance, immunisation, and maternal care at the sub-centre and PHC stop crises that later consume fiscal space and destroy livelihoods, as COVID-19 showed when the first mile was thin.

• Environmental and occupational health - water, air, farm chemicals - are managed, if at all, at the primary level closest to the village.

Indian architecture: NHM, ASHA, Ayushman

• The National Health Mission funds rural and urban primary systems, including the ASHA community worker who is the last-mile link for immunisation, maternal care and health education.

• **Ayushman Bharat tries to complete the stack:** Health and Wellness Centres for comprehensive primary care, and PM-JAY for secondary-tertiary insurance, so primary structure is not abandoned for hospital packages alone.

• **Gaps remain:** doctor and drug shortages, weak diagnostics, and an urban bias; insurance without a functioning PHC still dumps the poor at a distant ward.

• **Recommendation:** freeze a larger share of health spending on HWCs, ASHAs' pay and drugs, because sustainable development is lost if primary care is the residual after tertiary schemes.

Flow diagram

Welfare State Art 47 -> Primary health structure

Primary health structure -> ASHA NHM HWC

Primary health structure -> Human capital and SDG 3

ASHA NHM HWC -> Sustainable development

Human capital and SDG 3 -> Sustainable development

Conclusion

Primary health structure is a Welfare-State duty under Article 47 and a pre-condition for sustainable development because human capital, epidemic control and household solvency all begin at the first mile. NHM, ASHA and Ayushman Bharat are the right stack only if Health and Wellness Centres, not only hospital insurance, get the money and the staff.

Facts & figures

Article 47
Directive Principle on nutrition, living standards and public health.

National Health Mission
Flagship that finances rural and urban primary care systems.

ASHA
Accredited Social Health Activist; community health worker at the village first mile.

Ayushman Bharat
HWCs for comprehensive primary care plus PM-JAY hospital insurance.

SDG 3
United Nations health goal that makes primary care a development, not only a charity, target.