Health is the holistic process related to the overall growth and development of the nation. The twentieth century has seen a global transformation in human health unmatched in history. This is evident from some of the health indicators like crude death rate, infant mortality rate, life expectancy etc. It was in 1983, a crucial year in the history of health care of the nation, when the National Health Policy – an expression of what a health sector system should be, was adopted by the country with the primary objective of attaining the goal of “Health for all by 2000 AD” so that it can meet the health care needs of the people. This was to be done through the primary health care approach, by encouraging community participation, adoption of the small family norm and restructuring of medical education to meet the manpower requirements besides other strategies.

The environment has tremendous influence on our well being. About 83% people in India have access to safe drinking water in the home or nearby. But the adequate excreta disposal facilities are available only for 49.9% and 3.7% in urban and rural Indian population respectively. This is the main reason for continuing prevalence of many communicable diseases mainly diarrhoea. The adult literacy is still low (52.2%). We have a long way to go in curbing poverty. The socio-economic status and literacy are directly related to the well being of society.

The health resources including human resource are comparatively better than the situation prevailing several years ago. There are around 6 lakh hospital beds (6.76 hospital beds/10,000 population). There are nearly 1.5 lac sub-centres, 23,000 primary health centres, 4000 community health centres and 1,600 urban family welfare centres. Although the number of physicians in the country is adequate, their distribution is not uniform.

Twenty First Century will see the policy makers grappling with the dual disease burden: first the emerging bottlenecks of non-communicable diseases and injuries and secondly some communicable diseases which though on the decline, remain as the unfinished health agenda of the 20th century. Infectious diseases are still the leading causes of morbidity and mortality, and not only India but also Southeast Asia region is still a major contributor to the global burden of the disease. Acute diarrhoeal diseases have been recognised as the major cause of morbidity, under nutrition and mortality. Nearly 0.7 million children die every year due to diarrhoea. Respiratory illnesses are one of the leading causes of morbidity. After smallpox, guinea worm disease is the second affliction which has been eradicated from our country recently. While tremendous progress has been made towards the eradication of diseases such as poliomyelitis, yaws and towards the elimination of leprosy and neonatal tetanus, diseases like malaria and TB continue to take a heavy toll of lives and cripple many families. New and emerging diseases, such as dengue, Japanese encephalitis, viral hepatitis and HIV/AIDS, pose increasing threats to the health and well being of people of the country.

Government has been making every effort to control diseases such as Malaria, TB, Leprosy, Blindness, AIDS, Cancer, etc. through various national level programmes. A number of steps have also been taken by the Govt. to increase the outlay for the health sector by way of mobilising resources from external agencies for the various disease control programmes.

The Eighth Plan (1992-97) health outlay for Centre and States was 3.24% of the total plan investment in the country. This has increased to 4.01% during the 9th Plan period (1997-2002), out of which the States account for 40% and the balance 60% is the central sector outlay comprising Health, Family Welfare and ISM&H. The total health spending in India (around 1995) was 5.6% of GDP of which 1.3% was attributed to the public and the balance to the private sector. As a percentage of GDP, this is higher level of spending on health care as compared to other Asian countries like China (3.8%), Thailand (5.3%), Indonesia (1.8%), Malaysia (2.5%). Per capita government health expenditure remains a paltry sum of Rs. 69.60 due to large population.

TB is the biggest killer amongst the infectious diseases. Although, the prevalence rate of TB has declined, greater efforts are required to reduce it further. The
detection rate in areas where Revised National TB Control Programme (RNTCP) is being implemented is 50% and cure rate is about 82%. Majority of the districts have been brought under Short Course Chemotherapy, which cures the patient within 6 to 8 months as compared to the conventional Anti-TB drugs requiring one to one and a half year. By 2002, the total population coverage under RNTCP is expected to reach 400 million as against the present level of 130 million.

National Programme for Control of Blindness is implemented with an aim to reduce blindness significantly by the year 2000 AD. In addition, programmes are under implementation to control Non-communicable diseases like Cancer, Mental Health, Iodine Deficiency Disorders. Pilot projects are also being run for Oral Health, Cardiovascular diseases, etc.

The threat of new diseases like HIV/AIDS is further complicating the health scenario in the country. It is estimated that 3.5 million people have been infected with HIV/AIDS so far. Infection is not limited to the high-risk groups only. Since there is no cure for AIDS, emphasis continues to be on educating the masses, particularly the vulnerable groups about the causes of the disease. Phase II of the World Bank project has been launched recently at an estimated cost of Rs. 1,155 crore.

The population of India has swelled to around 1 billion now. We have 2% of world area supporting around 17% of people. Now a new paradigm shift in family welfare has taken place with the launch of Reproductive and Child Health programme (RCH) in the 9th plan. The concept of RCH programme is to provide to the beneficiaries need based, client centred, demand driven, high quality and integrated RCH services.

There are several other problems affecting the masses in India. Around 173 million people were estimated to be at risk of iodine deficiency out of which 53 million are suffering from varying degrees of goiter. More than 50% of pregnant and lactating women are anaemic. About 30% of the babies born were of low birth weight. Fluorosis is also prevalent in endemic magnitude in some states like Karnataka, Haryana, J&K etc. In terms of food production post independent India has achieved tremendous success after the green revolution, but about 20-40% of families in some states of India have moderate to severe deficiencies of both protein and energy and about 1 - 7% of families have very severe deficiency.

The increasing number of drug resistant disease strains is another challenge, which has to be addressed in the coming years. Further, there is an urgent need to promote a healthy life style and to counter threats to health, like tobacco addiction and environmental pollution. An attempt to control the continued use of health damaging substance like tobacco can prevent millions of deaths in the coming decade. Keeping in view the enormity of the problem and the need to address it, a separate plan scheme on tobacco free initiative has been proposed for 2000-2001.

Increasing longevity resulting in rising number of aged population and consequent changing demographic profile, steadily urbanising population, sedentary life styles and increasing stress have led to an increase in life style related disorders and non-communicable diseases. Future challenges are enormous and meeting these challenges will make a major difference in the quality of life.

Not-withstanding the gains that have transformed the quality of life during the twentieth century, many millions have not even been a party to a fraction of these gains. The deficiencies are many and improvement can be brought about by understanding the same. Well-structured functional district based disease surveillance and response system to contain disease outbreaks is absent. More emphasis was given to medical care rather than on comprehensive and integrated health care. Community is neither involved nor self reliant in day-to-day health care. It is often difficult to fix responsibility and accountability as health policy formulation is the responsibility of the central govt. and health programme implementation and management is a state subject. Cost effectiveness of health systems is usually not established. Available knowledge and technology are usually not applied and used for welfare of people. There is need to develop more effective health systems in order to improve the health status of the common man. Focus should be on increasing healthy life expectancy rather than mere life expectancy.