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**Editorial**

# Understanding the rationale behind designing a National Health Programme in India

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## 1. Introduction

National Health Programmes are designed and implemented to accomplish broad public health objectives such as increasing universal access to quality healthcare, reducing diseases, and promoting health for all segments of the population, particularly in areas facing significant health challenges. National Health Programmes are crucial for addressing disparities, ensuring equitable and affordable healthcare access, and achieving national health objectives by strengthening healthcare systems and implementing targeted interventions.

In medical education training, both undergraduate and postgraduate medical students frequently find the subject of national health programs to be uninteresting and challenging to remember. Their perspective is influenced by multiple factors, as mentioned below:

1. National Health Programmes are overloaded with technical terms, featuring complex language and jargon that can be difficult to understand and memorize, especially without a strong background in public health.
2. National Health Programmes chapters require memorizing a lot of data. Students must remember large amounts of statistical information—often presented annually—such as health indicators, program outcomes, and targets. This makes it difficult to focus on key points.
3. National Health Programmes chapters lack clarity, as there is often little guidance on what is essential and what can be skipped. As a result, students struggle to prioritize the material and end up overwhelmed.
4. National Health Programmes chapters have considerable content, with multiple programmes covering a wide range of diseases and health challenges, each with its own set of aims and strategies. The whole amount of information becomes tough to organize and retain.

To make this topic interesting and easy to understand, a new perspective is shared through this editorial.

Firstly, it is vital to understand the rationale for developing a National Health Programme, as National Health programmes are designed for diseases/health conditions that meet the following characteristics:

1. Huge disease burden (Tuberculosis, HIV-AIDS, Non-communicable diseases, vector-borne diseases, etc.)
2. High Mortality/Morbidity/Disability (Tuberculosis, HIV-AIDS, Non-communicable Diseases, Vector Borne Diseases, Maternal Mortality, Neonatal Mortality, Infant Mortality, etc.)
3. Affordable intervention available–vaccine/care/ treatment/rehabilitation (Tuberculosis, HIV-AIDS, non-communicable diseases, vector-borne diseases, etc.)

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4. Uncertainty about the timeframe for achieving nationwide Control/Elimination/Eradication of diseases such as tuberculosis, HIV-AIDs, non-communicable diseases, and vector-borne diseases.

It is also important to understand that the National Health Programmes are never designed and implemented for any Disease/Health Condition that has the following conditions:-

1. Low incidence and prevalence of disease.
2. Acute disease (very short incubation period, high cure rate or high mortality).
3. Self-limiting disease resolves itself even without any treatment.
4. Low communicability (Excluding lifestyle-related non-communicable Diseases as NCDs have High Disease Burden, Chronic, High Mortality/ Morbidity/Disability)
5. Less Mortality/Morbidity/Disability
6. Very high cost of intervention per individual.

To formulate a National Health Programme, accurate information is required by planners and policy makers, which is as mentioned below:

1. Accurate data regarding disease/health condition burden as incidence, prevalence, mortality, morbidity, duration, and disability duration.
2. Knowledge on disease/health condition epidemiology,[1] which is the study of the distribution and determinants of diseases/health-related conditions in human populations, as well as the application of this information to health problem management. The above description focuses on three major aspects: frequency (how frequently diseases occur), distribution (who, where, and when they occur), and determinants (the variables that cause or impact them). The ultimate purpose is to offer information for health care, illness prevention (vaccines), and control programs.
3. Information regarding beneficiaries of the Programme, as each Programme is developed for a specific population group that is most vulnerable to the disease/health condition and will gain the most from it.
    a. National TB Elimination Programme (NTEP)- designed for diagnosed, suspected TB patients and contacts of TB patients.
    b. RMNCAH+N Programme- Mainly for the reproductive age group females, mothers, Neonates, children, adolescents, and along with ensuring their holistic nutrition.
    c. Indian Newborn Action Plan (INAP) for care of the newborn to reduce neonatal mortality.
    d. Janani Suraksha Yojna (JSY) for the financial assistance to pregnant females to improve institutional delivery and reduce maternal and neonatal mortality.
4. Information regarding resources required to run the programme, as whenever we plan to do any intervention, we require resources, which are Money, Materials, Manpower, Methods, and Minutes, so let us understand their role in the national health program one by one.

## 2. Resources Required for National Health Programmes

### *2.1. Money*

Every national health programme is designed and implemented with the long-term goal of achieving elimination or eradication. Because the period can be a decade or more, the program is initially implemented in stages throughout a few states. After making changes based on feedback, it is implemented in numerous phases throughout the country. Simultaneously, as planned, the budget is distributed from the center to the states, covering all expenses linked to training, logistics, infrastructure, service fees, incentives, etc.

### *2.2. Material*

Every national health programme requires infrastructure and logistics to ensure service delivery and monitoring. The Health Care Delivery System has a very important role in program implementation.

All health programmes are implemented using the country's existing health care delivery system, which starts at the Anganwari Centres at the village level, Sub-Centres (3,000-5,000 population), PHCs(20,000-30,000 Population), CHCs (80,000-1,20,000 population), Sub District Hospital, District Hospital & Medical Colleges.[2] In addition, the establishment of urban PHC and urban CHC in recent years has broadened the healthcare delivery system in urban regions. Existing Sub Health Centers (SHCs) serving a population of 3,000–5,000 people are being converted to Health and Wellness Centers (AB-HWCs) to guarantee the provision of Comprehensive Primary Health Care (CPHC). Both urban and rural Primary Health Centers (PHCs) are being transformed into AB-HWCs. Moving forward, the government has chosen to rebrand the Ayushman Bharat-Health and Wellness Centers as 'AYUSHMAN AROGYA MANDIR' with the slogan 'Arogyam Parmam Dhanam' to fulfill the vision of Ayushman India. However, certain Health Programmes have Health Care Delivery Sites in addition to the traditional Health Care Delivery System.

These points are either placed in the Government Health Centre or on separate premises.

As the National TB Elimination Programme (NTEP) has Tuberculosis Units (TUs), Intermediate reference laboratory (IRLs) at Government Health premises or on separate premises near the Government Health Facility. Similarly, as National AIDS Control Programme (NACP) has ART and ICTC centers at the Govt. Medical College, etc. All National

Health Programmes are planned and pushed from the top (Centre) to the bottom (village) & implementation report is pushed from the bottom (village) to the top (Centre).

In the context of the national health programme, logistics requirements include computers, laptops, printers, stationery, digital software, web-based portals, IEC material, training material, diagnostic machines and equipment-related items, treatment drugs, preventive vaccines, etc.

*2.3. Manpower*

National Health Mission at the state level ensures that all programs are implemented and monitored as per national guidelines. Health personnel are involved at many levels of healthcare delivery in that program. Although the District Programme Manager (DPM) at the District and the Block Programme Manager (BPM) at the CHC ensure implementation and monitoring of the Programme as per state guidelines in accordance with national guidelines. In order to provide complete primary healthcare services, Community Health Officers (CHOs) in India are usually assigned to Health and Wellness Centers (HWCs) in rural and semi-urban regions. They run these facilities and serve as frontline providers to guarantee access to care in underserved communities for the government through the National Health Mission (NHM) or state health administrations. Although the majority of the programs are administered by current health care facility personnel (Medical officers, ANMs, and ASHAs), certain health programs employ extra health care workers at various levels of care delivery. As**,** National TB Elimination Programme (NTEP) has Senior Treatment Supervisors (STS) and Senior TB Lab Supervisors (STLS), while the National AIDS control Programmes (NACP) has ART Counsellors, and the National Mental Health Programme(NMHP) has mental health counsellors.

*2.4. Methods*

National Health Programmes are based on the concept of prevention and the execution of interventions as needed at various health care delivery sites.

The level of prevention and mode of intervention used in the programmes can be summarized as follows:-

1. Primordial prevention: Aims to reduce the development of risk factors that may contribute to the development of disease in the future. Through this, preventive services are provided to the whole population or selected population through Health Education (various IEC platforms and media) at the Community Level by ASHA/AWW/ANM/MPHWs/CHO/MO.
2. Primary prevention: Aims to reduce the risk factors that contribute to the development of disease in the future. Through this, preventive services are provided to the whole population or selected population, or individuals through Health Promotion & Specific Protection measures (through IEC platforms through health education, environment modification, nutritional intervention, lifestyle & Behavioral changes, and Vaccines, etc.) at the Community Level by ASHA/AWW/ANM/CHO/MPHWs/MO.
3. Secondary prevention: Early Diagnosis & Treatment services are provided to individuals with disease at different health care delivery points-
    a. At AB-HWCs/Subcenter-ANMs & CHO
    b. At AB-HWCs/PHCs- ANMs, CHOs & Medical Officer.
    c. At CHCs-Medical Officer, Specialist Doctor.
    d. At the Sub-District/District Hospital -Medical Officer, Specialist Doctor, Chief Medical Officer.
    e. At Medical College-Specialists Doctors.
4. Tertiary prevention: Rehabilitation & disability limitation services provided to individuals with established disease at different health care delivery points- CHCs/Sub -DH/DH/Medical colleges by specialist doctors.

*2.5. Minutes (Time duration)*

National health initiatives are launched, taking into account the time necessary for the health care system and providers to implement the Programme at the outreach level with timely resource mobilization. Setting time-bound and achievable goals, targets, and objectives (SMART) guarantees that all resources are deployed along with provides a measure of the program's degree of achievement. Every Programme begins with control, then moves on to elimination, and finally eradication stage. Many national programmes have achieved remarkable success in increasing universal access to quality healthcare, reducing diseases, and promoting health for all segments of the population.

With this perspective and understanding, I hope it will be easier now for undergraduate and postgraduate medical students, budding policy makers, & Programme managers to understand the rationale behind planning and implementation of National Health programmes in India.

## 3. Conflict of Interest

None.

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