Review Paper

National Health Program

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ABSTRACT

India's National Health Programs aim to improve public health through various initiatives, including controlling communicable and non-communicable diseases, improving sanitation, and promoting family planning. Key programs include the National Tuberculosis Elimination Programme, National AIDS Control Programme, and the National Mental Health Programme. National health programs, like the National Health Mission (NHM) in India, aim to improve public health, reduce disease burden, and ensure equitable access to quality healthcare services for all citizens, focusing on both communicable and non-communicable diseases. National Health Policy plans to strengthen the health care industry by introducing newer and more advanced technologies. This policy also aims to reduce medical expenses and other health-related costs. They aim to provide superior services to poor and backward communities. National health programs are initiatives typically established by governments with the primary objective of improving public health, reducing the incidence of communicable and noncommunicable diseases, and ensuring access to health services for all citizens. Core strategies of NRHM include: Decentralised village and district level health planning and management, appointment of Accredited Social Health Activist (ASHA) to facilitate access to health services, strengthening the public health service delivery infrastructure, particularly at village, primary and secondary. The aim of NHM is to ensure progress towards the goals and targets set out in the National Health Policy, 2017 for ensuring "universal access to equitable, affordable and quality health care services, accountable and responsive to people's needs". Health awareness is the promotion of knowledge and understanding related to health issues through campaigns, with a focus on online activities and limited exploration of their impact on health outcomes and cost-effectiveness. Good health is crucial for a fulfilling life, enabling individuals to achieve their potential, build strong communities, and support a thriving economy, encompassing physical, mental, and social well-being. One Health is a collaborative, multidisciplinary approach that unites human, animal, and environmental health sectors It recognizes the interconnectedness of these domains, aiming to optimize health

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outcomes and address challenges across the sectors.

INTRODUCTION

National health programs are government initiatives aimed at improving public health by reducing disease incidence, ensuring access to healthcare, and promoting health and well- being for all citizens. India's National Health Mission (NHM), launched in 2013, aims to provide universal, equitable, and affordable healthcare, encompassing both rural and urban areas, with key components focusing on health system strengthening, reproductive, maternal, neonatal, child, and adolescent health (RMNCH+A), and communicable and non- communicable diseases.

The National Health Policy aims to achieve the following goals: It aims to offer superior health services to every age group and gender. The policy focuses on providing universal access to excellent quality health care services at a reasonable cost. Promoting health care orientation
in every developmental policy.

Health is fundamental to the quality of life. Health is that state of the human being that makes feasible the relishment of the maximum enjoyment of life (Raman and Prasad, 2005). Health is a common theme in nearly all cultures. In fact, all communities have their concept of health, as part of their culture.

The National Health Mission (NHM) was launched by the government of India in 2013 subsuming the National Rural Health Mission and National Urban Health Mission. It was further extended in March 2018, to continue until March 2020. he National Health Mission (NHM) is a flagship program of the Indian government, launched in 2013, aiming to improve healthcare services by strengthening public health systems and ensuring universal access to equitable, affordable, and quality healthcare, encompassing both rural and urban areas.

The NHM's vision is to achieve the highest possible level of health and well-being for all, through a preventive and promotive healthcare orientation in all developmental policies, and universal access to good quality healthcare services without financial hardship.

The National Health Policy-2002(NHP) gives prime importance to ensure a more equitable access to health services across the social and geographical expanse of the country.

Emphasis has been given to increase the aggregate public health investment through a substantially increased contribution by the Central Government. Sensing this urgent need, the Department of Biotechnology (DBT), Ministry of Science and Technology, GoI supported a mega consortium on 'One Health'. Dr. Renu Swarup, Secretary, Department of Biotechnology, Govt. of launched the First 'One Health' project of DBT through video conferencing.

OBJECT

• **Universal Access:**

The NHM strives to ensure that all citizens, regardless of their location or socioeconomic status, have access to quality healthcare services.

• **Focus on Rural and Urban Areas:**

The NHM encompasses both the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM) to address the specific needs of both populations.

• **Health System Strengthening:**

The NHM emphasizes strengthening the health system at all levels, from the community to the national level, to improve efficiency and effectiveness.

• **RMNCH+A:**

A significant focus is on reproductive, maternal, neonatal, child, and adolescent health, aiming to reduce maternal and child mortality rates.

• **Communicable and Non-Communicable Diseases:**

The NHM addresses both communicable diseases (like malaria, tuberculosis, and HIV/AIDS) and non-communicable diseases (like heart disease, diabetes, and cancer).

• **Flexibility for States:**

States have the flexibility to plan and implement state-specific action plans within the broad national parameters and priorities.

• **Financing:**

The NHM is supported by six financing components including flexipools for NRHM, NUHM, communicable and non-communicable diseases, and infrastructure maintenance.

• **Accredited Social Health Activists (ASHAs):**

The NHM utilizes ASHAs, who are trained community health workers, to provide healthcare services and promote health awareness in rural areas.

• **Rashtriya Kishor Swasthya Karyakram (RKSK):**

The Ministry of Health and Family Welfare launched RKSK on 7th January 2014 to ensure holistic development of adolescent population.

[1] HIV AND AIDS CONTROL PROGRAM

Introduction

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) are major public health concerns globally. HIV and AIDS control programs aim to prevent the transmission of HIV, provide care and support to people living with HIV/AIDS, and reduce the impact of the epidemic on individuals, families, and communities.

Objectives of HIV and AIDS Control Programs

1. Prevention: Prevent the transmission of HIV through education, awareness, and behavioral change.
2. Testing and Counseling: Provide voluntary counseling and testing (VCT) services to identify people living with HIV/AIDS.

3. Treatment: Provide antiretroviral therapy (ART) and other treatments to people living with HIV/AIDS.
4. Care and Support: Provide care and support services, including palliative care, to people living with HIV/AIDS.
5. Impact Mitigation: Reduce the impact of HIV/AIDS on individuals, families, and communities.

Strategies for HIV and AIDS Control

1. Behavioral Change Communication: Educate people about HIV/AIDS, its transmission, and prevention methods.
2. Condom Promotion: Promote the use of condoms to prevent HIV transmission.
3. Voluntary Counseling and Testing: Provide VCT services to identify people living with HIV/AIDS.
4. Antiretroviral Therapy: Provide ART to people living with HIV/AIDS.
5. Prevention of Mother-to-Child Transmission: Prevent the transmission of HIV from mother to child during pregnancy, childbirth, and breastfeeding.
6. Blood Safety: Ensure the safety of blood and blood products to prevent HIV transmission.
7. Harm Reduction: Provide harm reduction services, including needle exchange programs, to reduce HIV transmission among injecting drug users.

Key Components of HIV and AIDS Control Programs

1. National HIV/AIDS Policy: Develop a national policy to guide HIV/AIDS control efforts.
2. National HIV/AIDS Program: Establish a national program to coordinate HIV/AIDS control efforts.

3. HIV/AIDS Surveillance: Establish a surveillance system to monitor HIV/AIDS trends and patterns.
4. HIV/AIDS Testing and Counseling: Provide VCT services to identify people living with HIV/AIDS.
5. Antiretroviral Therapy: Provide ART to people living with HIV/AIDS.
6. Care and Support Services: Provide care and support services, including palliative care, to people living with HIV/AIDS.

Challenges and Future Directions

1. Stigma and Discrimination: Address stigma and discrimination against people living with HIV/AIDS.
2. Funding: Ensure adequate funding for HIV/AIDS control programs.
3. Human Resources: Ensure adequate human resources, including healthcare workers and counselors, to support HIV/AIDS control efforts.
4. Sustainability: Ensure the sustainability of HIV/AIDS control programs.
5. Innovation: Encourage innovation and research to improve HIV/AIDS control efforts.

[2] NATIONAL LEPROSY CONTROL PROGRAMME

Introduction

Leprosy, also known as Hansen's disease, is a chronic bacterial infection that affects the nerves, skin, and mucous membranes. The National Leprosy Control Programme (NLCP) is a government-funded program aimed at controlling and eliminating leprosy in India.

National Leprosy Eradication Program

Objectives of NLCP

1. Early Detection and Treatment: Detect and treat leprosy cases early to prevent disability and transmission.
2. Reduce Prevalence: Reduce the prevalence of leprosy to less than 1 case per 10,000 population.
3. Eliminate Leprosy: Eliminate leprosy as a public health problem by reducing the number of new cases and disabilities.

Strategies of NLCP

1. Integrated Leprosy Services: Integrate leprosy services with general health services to improve accessibility and coverage.
2. Active Case Finding: Conduct active case finding through surveys, camps, and outreach activities to detect new cases.
3. Multi-Drug Therapy (MDT): Provide MDT to all leprosy patients to cure the disease and prevent disabilities.
4. Disability Prevention and Medical Rehabilitation: Prevent disabilities and provide medical rehabilitation to patients with disabilities.
5. Information, Education, and Communication (IEC): Conduct IEC activities to raise awareness, reduce stigma, and promote community participation.

Key Components of NLCP

1. Leprosy Diagnosis and Treatment: Establish leprosy diagnosis and treatment facilities at district and sub-district levels.
2. Leprosy Case Detection: Conduct regular leprosy case detection surveys and camps.
3. MDT Distribution: Distribute MDT to leprosy patients through a network of drug distributors.
4. Disability Prevention and Medical Rehabilitation: Provide disability prevention and medical rehabilitation services to patients with disabilities.
5. IEC Activities: Conduct IEC activities to raise awareness, reduce stigma, and promote community participation.

Achievements of NLCP

1. Reduced Prevalence: Reduced the prevalence of leprosy from 57.8 per 10,000 population in 1983 to 0.69 per 10,000 population in 2020.
2. Increased Case Detection: Increased case detection through active case finding and surveys.
3. Improved Treatment: Improved treatment outcomes through the provision of MDT and disability prevention and medical rehabilitation services.

Challenges and Future Directions

1. Sustaining Progress: Sustain progress in reducing the prevalence of leprosy and improving treatment outcomes.
2. Addressing Stigma and Discrimination: Address stigma and discrimination against leprosy patients and their families.
3. Improving Accessibility and Coverage: Improve accessibility and coverage of leprosy services, particularly in remote and hard-to-reach areas.
4. Enhancing Community Participation: Enhance community participation and involvement in leprosy control activities.

[3] NATIONAL MENTAL HEALTH PROGRAM

Introduction

Mental health is an essential aspect of overall health and well-being. The National Mental Health Program (NMHP) is a government-funded program aimed at promoting mental health and preventing mental illnesses in India.

Objectives of NMHP

1. Promote Mental Health: Promote mental health and well-being among all age groups.
2. Prevent Mental Illnesses: Prevent mental illnesses through early intervention and treatment.
3. Provide Community-Based Services: Provide community-based mental health services to ensure accessibility and affordability.
4. Strengthen Mental Health Care: Strengthen mental health care infrastructure and human resources.

Strategies of NMHP

1. Community-Based Services: Establish community-based mental health services, including outpatient and inpatient services.
2. Early Intervention and Treatment: Provide early intervention and treatment for mental illnesses, including counseling and medication.
3. Public Awareness and Education: Conduct public awareness and education programs to promote mental health and reduce stigma.
4. Training and Capacity Building: Provide training and capacity building programs for mental health professionals and community workers.
5. Research and Development: Conduct research and development activities to improve mental health care services.

Key Components of NMHP

1. District Mental Health Program: Establish district mental health programs to provide community-based mental health services.
2. Mental Health Services: Provide mental health services, including counseling, medication, and hospitalization.
3. Public Awareness and Education: Conduct public awareness and education programs to promote mental health and reduce stigma.
4. Training and Capacity Building: Provide training and capacity building programs for mental health professionals and community workers.
5. Research and Development: Conduct research and development activities to improve mental health care services.

Achievements of NMHP

1. Increased Access to Mental Health Services: Increased access to mental health services, particularly in rural and underserved areas.
2. Improved Mental Health Care: Improved mental health care infrastructure and human resources.
3. Reduced Stigma: Reduced stigma and discrimination against mental illnesses.
4. Increased Public Awareness: Increased public awareness and education about mental health and mental illnesses.

Challenges and Future Directions

1. Sustaining Progress: Sustain progress in improving mental health care services and reducing stigma.
2. Addressing Mental Health Workforce Shortages: Address mental health workforce shortages, particularly in rural and underserved areas.
3. Improving Mental Health Care Infrastructure: Improve mental health care infrastructure, including hospitals and community-based services.
4. Enhancing Public Awareness and Education: Enhance public awareness and education about mental health and mental illnesses.

CONCLUSION

The National Mental Health Program (NMHP) is a critical initiative aimed at promoting mental health and preventing mental illnesses in India. While significant progress has been made, there are still challenges to be addressed. Sustaining progress, addressing mental health workforce shortages, improving mental health care infrastructure, and enhancing public awareness and education are essential for ensuring the success of the NMHP.

[4] UNIVERSAL IMMUNIZATION PROGRAM

Introduction

The Universal Immunization Program (UIP) is a government-funded program aimed at providing free vaccinations to all children born in India to protect them against vaccine- preventable diseases.

Objectives of UIP

1. Reduce Morbidity and Mortality: Reduce morbidity and mortality due to vaccine-preventable diseases.
2. Eliminate Vaccine-Preventable Diseases: Eliminate vaccine-preventable diseases such as polio, measles, and tetanus.
3. Improve Immunization Coverage: Improve immunization coverage to at least 90% of the target population.

Vaccines Provided Under UIP

1. BCG (Bacillus Calmette-Guérin): Protects against tuberculosis.
2. DPT (Diphtheria, Pertussis, and Tetanus): Protects against diphtheria, pertussis, and tetanus.
3. OPV (Oral Poliovirus Vaccine): Protects against polio.
4. Hepatitis B: Protects against hepatitis B.
5. Measles: Protects against measles.
6. Rubella: Protects against rubella.
7. TT (Tetanus Toxoid): Protects against tetanus.

Strategies of UIP

1. Immunization Sessions: Conduct immunization sessions at fixed sites, outreach sites, and mobile sites.
2. Cold Chain Maintenance: Maintain a cold chain to ensure the potency of vaccines.
3. Vaccine Distribution: Distribute vaccines to all immunization sites.

4. Training of Health Workers: Train health workers on immunization techniques and cold chain maintenance.
5. Monitoring and Evaluation: Monitor and evaluate immunization coverage and vaccine effectiveness.

Key Components of UIP

1. Immunization Schedule: Follow a standardized immunization schedule.
2. Vaccine Storage and Handling: Store and handle vaccines properly to maintain their potency.
3. Immunization Cards: Issue immunization cards to track the immunization status of children.
4. Vaccine Adverse Event Surveillance: Monitor and report vaccine adverse events.

Achievements of UIP

1. Improved Immunization Coverage: Improved immunization coverage from 40% in 1985 to over 80% in 2020.
2. Reduced Morbidity and Mortality: Reduced morbidity and mortality due to vaccine-preventable diseases.
3. Elimination of Polio: Eliminated polio in India in 2014.

Challenges and Future Directions

1. Sustaining Immunization Coverage: Sustain immunization coverage and improve it to at least 90%.
2. Addressing Vaccine Hesitancy: Address vaccine hesitancy and misinformation.
3. Improving Cold Chain Infrastructure: Improve cold chain infrastructure to maintain vaccine potency.
4. Introducing New Vaccines: Introduce new vaccines to protect against emerging and re-emerging diseases.

[5] National Programme for Control of Blindness (NPCB)

Introduction

The National Programme for Control of Blindness (NPCB) is a government-funded program aimed at reducing the prevalence of blindness in India.

Objectives of NPCB

1. Reduce Prevalence of Blindness: Reduce the prevalence of blindness from 1.1% in 2006- 07 to 0.3% by 2025.
2. Eliminate Avoidable Blindness: Eliminate avoidable blindness by providing comprehensive eye care services.
3. Promote Eye Health: Promote eye health and prevent blindness through awareness and education.

Strategies of NPCB

1. Comprehensive Eye Care Services: Provide comprehensive eye care services, including cataract surgery, refractive error correction, and low vision services.
2. Eye Health Education and Awareness: Conduct eye health education and awareness programs to promote eye health and prevent blindness.
3. Training and Capacity Building: Train and build the capacity of eye care professionals, including ophthalmologists, optometrists, and eye care managers.

4. Eye Care Infrastructure Development: Develop eye care infrastructure, including eye hospitals, vision centers, and optical shops.

Key Components of NPCB

1. Cataract Surgery: Provide cataract surgery services to reduce the backlog of cataract cases.
2. Refractive Error Correction: Provide refractive error correction services, including spectacle distribution and refractive surgery.
3. Low Vision Services: Provide low vision services, including low vision aids and rehabilitation services.
4. Eye Health Education and Awareness: Conduct eye health education and awareness programs to promote eye health and prevent blindness.

Achievements of NPCB

1. Reduced Prevalence of Blindness: Reduced the prevalence of blindness from 1.1% in 2006-07 to 0.45% in 2019-20.
2. Increased Cataract Surgery: Increased cataract surgery from 2.5 million in 2006-07 to 6.5 million in 2019-20.
3. Improved Eye Care Infrastructure: Improved eye care infrastructure, including the establishment of new eye hospitals and vision centers.

Challenges and Future Directions

1. Sustaining Progress: Sustain progress in reducing the prevalence of blindness and improving eye care services.
2. Addressing Emerging Causes of Blindness: Address emerging causes of blindness, including diabetic retinopathy and age-related macular degeneration.
3. Improving Eye Care Human Resources: Improve eye care human resources, including

the training and recruitment of eye care professionals.
4. Enhancing Eye Health Education and Awareness: Enhance eye health education and awareness programs to promote eye health and prevent blindness

[6] Pulse Polio Programme

Introduction

The Pulse Polio Programme is a government-funded program aimed at eradicating poliomyelitis (polio) in India. The program was launched in 1995 and has been instrumental in reducing the incidence of polio in the country.

Objectives of Pulse Polio Programme

1. Eradicate Polio: Eradicate polio in India by immunizing all children under the age of 5 years.
2. Improve Immunization Coverage: Improve immunization coverage in high-risk areas and among high-risk populations.
3. Enhance Surveillance: Enhance surveillance for polio cases and improve the reporting and investigation of suspected cases.

Strategies of Pulse Polio Programme

1. Mass Immunization Campaigns: Conduct mass immunization campaigns, known as

National Immunization Days (NIDs), to immunize all children under the age of 5 years.

2. Sub-National Immunization Days (SNIDs): Conduct SNIDs in high-risk areas to immunize children who may have missed the NIDs.

3. House-to-House Immunization: Conduct house-to-house immunization campaigns in high- risk areas to immunize children who may have missed the NIDs and SNIDs.

4. Immunization of High-Risk Populations: Immunize high-risk populations, such as migrant workers and their families, to prevent the spread of polio.

Key Components of Pulse Polio Programme

1. Oral Poliovirus Vaccine (OPV): Use OPV to immunize children against polio.

2. Immunization Schedule: Immunize children at birth, 6 weeks, 10 weeks, and 14 weeks of age, and provide booster doses at 16-24 months and 5 years of age.

3. Surveillance and Reporting: Establish a surveillance system to detect and report polio cases, and investigate suspected cases.

4. Community Mobilization: Mobilize communities to participate in the immunization campaigns and to promote awareness about polio.

Achievements of Pulse Polio Programme

1. Reduced Polio Cases: Reduced the number of polio cases in India from 741 in 1995 to 0 in 2014.

2. Improved Immunization Coverage: Improved immunization coverage in India from 40% in 1995 to over 90% in 2020.

3. Enhanced Surveillance: Enhanced surveillance for polio cases and improved the reporting and investigation of suspected cases.

Challenges and Future Directions

1. Maintaining Immunization Coverage: Maintain high immunization coverage to prevent the resurgence of polio.

2. Addressing Vaccine Hesitancy: Address vaccine hesitancy and misinformation to promote awareness about the importance of immunization.

3. Improving Surveillance: Improve surveillance for polio cases and other vaccine- preventable diseases to detect and respond to outbreaks quickly.

4. Sustaining Funding: Sustain funding for the Pulse Polio Programme to ensure its continued success.

[7] Tuberculosis (TB)

Introduction

Tuberculosis (TB) is a bacterial infection caused by Mycobacterium tuberculosis, which primarily affects the lungs but can also affect other parts of the body.
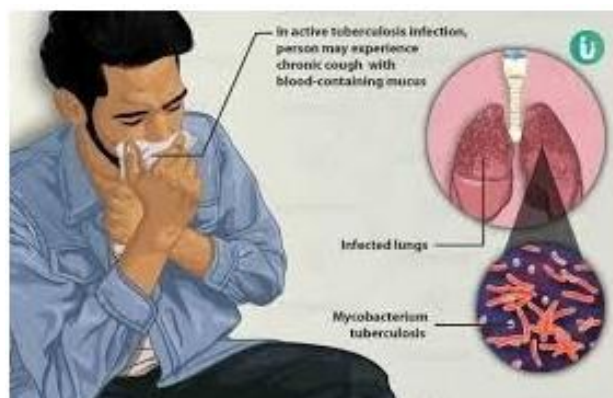
Types of TB

1. Pulmonary TB: Affects the lungs.

2. Extrapulmonary TB: Affects other parts of the body, such as the brain, spine, or kidneys.

3. Latent TB: A person has TB bacteria in their body, but they are not sick and cannot spread the bacteria to others.

4. Active TB: A person has TB bacteria in their body and is sick with active TB disease.

Symptoms of TB

1. Coughing: A persistent cough that lasts for more than two weeks.
2. Chest Pain: Pain in the chest that worsens when coughing or taking deep breaths.
3. Coughing Up Blood: Coughing up blood or rust-colored sputum.
4. Fatigue: Feeling extremely tired or weak.
5. Weight Loss: Unexplained weight loss.
6. Night Sweats: Recurring night sweats.
7. Chills: Feeling cold, even in mild temperatures.
8. Loss of Appetite: Loss of appetite.

Transmission of TB

1. Airborne Transmission: TB bacteria are released into the air when an infected person coughs, sneezes, or talks.
2. Close Contact: People who are in close contact with someone who has active TB disease are at higher risk of becoming infected.
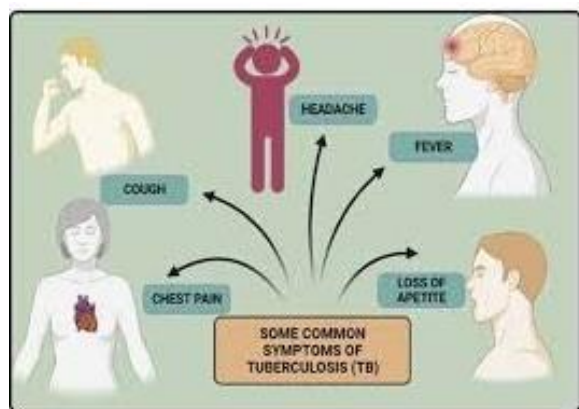
Diagnosis of TB

1. Chest X-ray: A chest X-ray can show abnormalities in the lungs that may indicate TB.

2. Sputum Test: A sputum test can detect TB bacteria in the sputum.
3. Blood Test: A blood test can detect the presence of TB bacteria in the blood.
4. Tuberculin Skin Test: A tuberculin skin test can detect the presence of TB bacteria in the body.

Treatment of TB

1. Antibiotics: TB is typically treated with a combination of antibiotics, including isoniazid, rifampicin, and ethambutol.
2. Directly Observed Treatment, Short-Course (DOTS): DOTS is a treatment approach that involves directly observing patients taking their medication to ensure adherence.

Prevention of TB

1. Vaccination: The BCG vaccine is effective in preventing severe forms of TB, such as TB meningitis.
2. Infection Control: Infection control measures, such as wearing masks and isolating infected patients, can help prevent the spread of TB.
3. Screening: Screening high-risk populations, such as healthcare workers and people living with HIV, can help detect and treat TB early.

Challenges and Future Directions

1. Antibiotic Resistance: The emergence of antibiotic-resistant TB strains is a major concern.
2. HIV-TB Co-infection: People living with HIV are at higher risk of developing TB.
3. Stigma and Discrimination: TB patients often face stigma and discrimination, which can hinder their access to care.
4. Funding and Resources: TB control efforts require significant funding and resources to ensure effective diagnosis, treatment, and prevention.

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