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## **A Study on the Growth of the Primary Health Care Centers Concept in India**

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### **Abstract**

Primary healthcare is the cornerstone for preserving, repairing, and promoting health and is an essential part of the delivery of health services. The Bhole Committee created the idea of primary healthcare in India in 1946. Primary healthcare services, infrastructure, and associated healthcare indicators have all seen notable advancements during the last 60 years. However, there are still a number of obstacles in the way of attaining universal health coverage. This assessment highlights present and upcoming issues as it looks at the development of India's primary healthcare system. A thorough literature analysis of both indexed and non-indexed journals,

significant organizations' websites, and national initiatives pertaining to primary healthcare in India were all part of the study. The main conclusions and suggestions for resolving the issues raised and enhancing the primary healthcare system are examined.

**Key words:** Primary healthcare, evolution, challenges, India, Bhore Committee, Alma-Ata Declaration, National Health Policy

## I. INTRODUCTION

The primary healthcare approach was described as “essential care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination”. The Alma-Ata Declaration also emphasizes that everyone should have access to primary healthcare, and everyone should be involved in it. The primary healthcare approach encompasses the following key components: Equity, community involvement/ participation, intersect orality, appropriateness of technology and affordable costs. Primary healthcare as defined above will do much to address many of the prerequisites for health indicated earlier. For this review article, search strategy involved a detailed literature review on the subject of primary healthcare in India. Indexed and non-indexed journals, websites of important organizations, and national programs in the field were identified and searched for key words like primary healthcare, India, Challenges. Search engine included Google and PubMed. The most relevant 20 publications were reviewed in details and included in the article.

### **Evolution of Primary Health Care System in India**

Primary healthcare is a vital strategy that remains the backbone of health service delivery. India was one of the first countries to recognize the merits of primary healthcare approach. Long before the Declaration of Alma-Ata, India adopted a primary healthcare model based on the principle that inability to pay should not prevent people from accessing health services. Derived from the recommendations of the Health Survey and Development Committee Report 1946, under the chairmanship of Sir Joseph Bhore, the Indian Government resolved to concentrate services on

rural people. This committee report laid emphasis on social orientation of medical practice and high level of public participation. With beginning of health planning in India and first five year plan formulation (1951-1955) Community Development Programme was launched in 1952. It was envisaged as a multipurpose program covering health and sanitation through establishment of primary health centers (PHCs) and sub centers. By the close of second five year plan (1956-1961) Health Survey and Planning Committee (Mudaliar Committee) was appointed by Government of India to review the progress made in health sector after submission of Bhore Committee report. The major recommendations of this committee report was to limit the population served by the PHCs with the improvement in the quality of the services provided and provision of one basic health worker per 10,000 population.

The Jungalwalla Committee in 1967 gave importance to integration of health services. The committee recommended the integration from the highest to lowest level in services, organization, and personnel. The Kartar Singh Committee on multipurpose workers in 1973 laid down the norms about health workers. Shrivastav Committee (1975) suggested creation of bands of para-professionals and semi-professional worker from within the community like school teachers and post masters. It also recommended the development of referral complex by establishing linkage between PHCs and high-level referral and service centers. Rural Health Scheme was launched in 1977, wherein training of community health, reorientation training of multipurpose workers, and linking medical colleges to rural health was initiated. Also to initiate community participation, the community health volunteer "Village Health Guide" scheme was launched. The Alma-Ata Declaration of 1978 launched the concept of health for all by year 2000. The declaration advocated the provision of first contact services and basic medical care within the framework of an integrated health services. Several critical efforts outlined Government of India's commitment to provide health for all of its citizens after Alma-Ata declaration. The report of study group on "Health for All: An Alternative Strategy" commissioned by Indian Council for Social Science Research (ICSSR) and Indian Council for Medical Research (ICMR) (1980) argued that most of health problems of a majority of India's population were amenable to being solved at the primary healthcare level through community participation and ownership. Alma-Ata

declaration led to formulation of India's first National Health Policy in 1983.

The major goal of policy was to provide universal, comprehensive primary health services. Nearly 20 years after the first policy, the second National Health Policy was presented in 2002. The National Health Policy, 2002 set out a new framework to achieve public health goals in socioeconomic circumstances currently prevailing in the country. It sets out an increased sectoral share of allocation out of total health spending to primary healthcare. Recognizing the importance of health in the process of economic and social development and improving the quality of life of our citizens, the Government of India has launched the National Rural Health Mission in 2005 to carry out necessary architectural correction in the basic healthcare delivery system. The goal of the mission is to improve the availability of and access to quality healthcare by people, especially for those residing in rural areas, the poor, women, and children.

#### **Landmarks in Primary Health Care:**

- 2005: National Rural Health Mission (NRHM) launched, focusing on infrastructure, staffing, and essential drugs in rural areas.
- 2013: National Health Mission (NHM) combines NRHM and National Urban Health Mission (NUHM), expanding focus to urban areas.
- 2014: Ayushman Bharat Yojana launched, aiming for universal health coverage through various initiatives, including:
  - Ayushman Bharat Health and Wellness Centres (AB-HWCs): Replacing existing PHCs, aimed at providing comprehensive primary care.
  - Ayushman Bharat Digital Mission:
    - Using technology to improve access and efficiency of healthcare.

#### **Importance of Health:**

Taking care of your physical body is good for your mental health. The mind and body interact and influence one another in complex ways. Physical illness can make managing your mental well-being more difficult. Stress, lack of energy, poor sleep, and other problems can also take a toll on how you feel mentally. This article discusses why you should take care of your body and how it can support your mental health. It also explores what you can do to take better care of health. There are a number of reasons why

taking care of your body is good for your mental health:

**Health problems affect functioning:** Health problems, even minor ones, can interfere with or even overshadow other aspects of your life. Even relatively minor health issues such as aches, pains, lethargy, and indigestion take a toll on your happiness and stress levels

**Poor health habits can add stress to your life:** They also play a role in how well you are able to cope with stress. The stress that comes from poor health is significant.

**Poor health interferes with daily living:** Health challenges also affect other areas of your life. Health problems can make daily tasks more challenging, create financial stress, and even jeopardize your ability to earn a living.

**Stress can worsen health:** Stress itself can exacerbate health issues from the common cold to more serious conditions and diseases, so maintaining healthy habits can pay off in the long run. This article looks at some healthy habits that have a positive impact on your life.

### **Impact of Health on Economy:**

The adequacy of physical and mental capacity of a person to enjoy life to the fullest possible extent and to reach his maximum level of productive capacity is known as Health. It may be defined in terms of various health indicators such as life expectancy, infant mortality, crude death rate, etc. It is one of the fundamental rights of every citizen. Developing countries, including India, bear a disproportionate burden of disease due to lack of clean water, sanitation, food, shelter, employment, education and gender equality. The development of the society shows status of health also. It is influenced by different indicators like employment, income, educational attainment, social groups, level of awareness, accessibility to health care and availability of health services. Poor health leads to deficiency in human capabilities and it also shows the level of deprivation among the people. There is a close linkage between health and poverty and health and development but the relationship is very

complex. As ‘vicious circle of poverty’ theory explains clearly “a nation is poor because it is poor” Nurkse<sup>1</sup>. Health has a great significance from economic point of view. Healthy population is an asset for an economy while ill and aged population is a burden. From the point of view of an individual, health performs dual functions. On the one hand, good health represents a value of its own target that needs to be reached as closely as possible. On the other hand, there are other aims in life as well such as good health gives good income in labour market.

### **Role of Health in Economic Development:**

Health is both causes and effects of economic development. Investment in health is recognised as an important means of economic development. As the Commission on Macroeconomics and Health of the World Health Organization (WHO) has shown, substantially improved health outcomes are a prerequisite if developing countries are to break out of the circle of poverty. Good health contributes to development through a number of pathways.

1) Higher worker productivity: Healthier labours are more productive, earn higher wages, and neglect fewer days of work than those who are ill. This increases output, increases turnover in the workforce, and increases enterprise profitability and agricultural production.

2) Higher rates of domestic and foreign investment: Increased labour productivity creates incentives for investment. Besides, controlling endemic and epidemic diseases, such as HIV/AIDS, is likely to encourage foreign investment, both by increasing growth opportunities for them and by reducing health risks for their personnel.

### **Importance of Primary Health Care Centres in India:**

Primary care is the link between the patient and the health care system that provides the individual with access to the information and care services they need for optimal health outcomes. The main purpose of primary care is to improve the overall health of the public and successfully prevent the spread of communicable diseases. It aims to avoid burgeoning pressures on the health system of the country by preventing diseases from spiralling beyond control. Primary health care, in this sense, focuses on

preventive measures. It also includes building the right infrastructure and creating enough awareness amongst the masses about public health and wellness so that they can make the most of the resources available to them and stay healthy in the long run. From the Indian perspective, primary healthcare is important for more reasons than one. It supports the early detection of diseases and helps avoid epidemics or mass health contingencies from arising.

### **Guide lines for Primary Health care centres:**

Ministry of Health and Family Welfare (MoHFW) revised the guidelines in 2022. Primary Health Centre is the cornerstone of rural health services- a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from Sub-Centers for curative, preventive and primitive health care. A typical Primary Health Centre covers a population of 20,000 in hilly, tribal, or difficult areas and 30,000 populations in plain areas with 6 indoor/observation beds. It acts as a referral unit for 6 SubCenters and refer out cases to CHC (30 bedded hospital) and higher order public hospitals located at subdistrict and district level. However, as the population density in the country is not uniform, the number of PHCs would depend upon the case load. PHCs should become a 24 hour facility with nursing facilities. Select PHCs, especially in large blocks where the CHC/FRU is over one hour of journey time away, may be upgraded to provide 24 hour emergency hospital care for a number of conditions by increasing number of Medical Officers, preferably such PHCs should have the same IPHS norms as for a CHC. Standards are the main driver for continuous improvements in quality. The performance of Primary Health Centers can be assessed against the set standards. Setting standards is a dynamic process. Currently the IPHS for Primary Health Centers has been revised keeping in view the resources available with respect to functional requirements of Primary Health Centre with minimum standards such as building, manpower, instruments and equipment, drugs and other facilities etc. The revised IPHS has incorporated the changed protocols of the existing health programmes and new programmes and initiatives especially in respect of Non-communicable diseases. The overall objective of IPHS for PHC is to provide health care that is quality oriented and sensitive to the needs of the community. These

standards would also help monitor and improve the functioning of the PHCs.

## **II.CONCLUSION**

In conclusion, providing high-quality healthcare to its sizable and diversified population is a major problem for India's primary healthcare system. In addition to the growing prevalence of non-communicable diseases, mental health conditions, and the healthcare requirements of the elderly, communicable diseases, maternal and perinatal health problems, and dietary deficiencies continue to be significant concerns. The healthcare system is under additional strain due to slums' poor living conditions and fast urbanization. Improving infrastructure, hiring more staff, and raising the standard of care are all urgently needed to address these issues. Effective primary healthcare delivery depends on local healthcare service adaption and client satisfaction. Reviving and funding primary health systems, maintaining accountability, and district-level access monitoring should be the main goals of reforms. India has made only modest progress in attaining the health-related MDGs, underscoring the need for increased efforts and revised approaches. The significance of multispectral action and enhanced access to healthcare services is emphasized by Sustainable Development Goal 3, which aims to eradicate neglected tropical illnesses and achieve universal health coverage. India can solve its healthcare issues and enhance the health and well-being of its people by making investments in basic healthcare and putting the required reforms into place.

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