Summary of Session V

Specific Aspects of Public Health in India

In "Challenges to Public Health in India," **Prof. Lalit M. Nath, former Director of the All India Institute of Medical Sciences, New Delhi** asserted that the amalgamation of Public Health Services (headed by the Director of Public Health) and Clinical Services (headed by the Inspector General of Civil Hospitals) had caused a lack of Public Health knowledge among those holding top positions. According to Professor Nath, this lack of Public Health expertise in applying epidemiological skills had resulted in an absence of micro-level planning and pro-active responses. The details of the health plan at the community level should be made specific to the micro-area concerned in order to address its special needs.

Professor Nath called for restructuring of the Public Health system to establish a distinct cadre of Public Health specialists, extending all the way from the periphery to the top positions in the Directorates of Health and Family Welfare. He expressed the hope that having a Public Health Service, with a clear career structure and a suitable pay scale would attract a greater number of qualified persons into Public Health. He also suggested improving the training infrastructure to meet changing demands.

In a "What Went Wrong in Public Health in India," **Dr. N.S. Deodhar, former Officer on Special Duty to the Government of India** stated several factors (general, management and technical) are responsible for the shortcomings in the Public Health System. These include a lack of popular support, outdated organization, professional inadequacy, and financial constraints, among others.

To strengthen the Public Health system, Dr. Deodhar stressed the need for appointing competent and knowledgeable persons with good track records to top managerial posts.

In his paper "Meeting the Challenges of Public Health in India," **Professor Abraham Joseph, Head of Community Health Department** at the **Christian Medical College, Vellore** discussed the disparity of health care provided for the rich and poor. One cause of the problem, according to Professor Joseph, was the lack of doctors in some areas of the country. He stated that the following issues needed to be addressed for meeting the challenges: developing appropriate training for Public Health professionals, improving career opportunities for Public Health specialists, improving health information systems, establishing Public Health laboratories in each district, and integrating curative services and Public Health.

In her paper "Traditional Systems and Public Health," **Ms. Shailaja Chandra, Secretary to the Government of India** in the **Department of Indian Systems of Medicine (ISM) and Homeopathy**, highlighted the growing public demand for traditional medicine in several countries. In India, the traditional systems comprised *Ayurveda, Siddha, Unani, Yoga,* Naturopathy and Homoeopathy. These systems were well documented, and had their own institutions and Councils for setting standards.

Ms. Chandra asserted that though the use of ISM was widespread, medical practitioners or the Public Health community have little faith in the efficacy of these systems or the drugs. The two streams lack co-ordination, even for meeting commonality of objectives. According to Ms. Chandra, situations in which traditional medicine drugs could act as adjuncts/adjuvant should be identified. Clinical trials should then be mounted to test drug efficacy with scientific protocols and proper monitoring. Research funding available internationally should be uti-

lized, and allocations for efficacy studies and clinical trials on drugs relevant for Public Health should be raised.

Session Discussion Summary

During the discussion, several participants raised the problem of fake doctors practising with ISM degrees. The University Grants Commission had announced in 1998 that any institution giving fake degrees was liable for legal action. Ms. Chandra responded that Medical Council of India had been entrusted the work of drafting **anti-quackery legislation**. She underscored the need for public awakening and sensitisation on this issue. The Supreme Court of India had given a judgement proscribing practitioners of one system of medicine from using another system. China and DPR Korea had integrated courses in which graduates in modern medicine received training in traditional medicine, and *vice versa.* Though the institutional production of manpower and training of the public health practitioners was the need of the hour, it should be emphasized that the public health discipline in the 21st century should attract doctors, nurses, lawyers, economists, managers, environmentalists, nutritionists, etc.

Prof. Srinath Reddy said that Public Health, being an integrated discipline, needed partnerships to meet the challenges. For skills enhancement in existing/potential partners, he suggested short duration structured courses for nurses, dieticians, etc. Drawing attention to the shortage of trained Public Health professionals in rural areas, Prof. Jacob John suggested training the available large pool of para-medical personnel by incorporating Public Health in their curricula.