

# HEALTH COMMITTEES IN INDIA

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BGI

# Bhore Committee

- Constituted by pre independent GOI
- Under Sir Joseph William Bhore, Indian Civil Servant
- Formed in 1943
- “Health Planning and Development Committee”

# Terms of Reference

- A survey of existing conditions and organisation
- Secondly suggestions for future development
- Consider short term objectives which might reasonably be expected to be reached within a period of four to five years
- Objectives which will necessarily require a longer period for attainment.

# Recommendations

## **Short term plan:**

- To be implemented within 5-10 years.
- Each primary health centre in the rural area to cater to a population of 40,000
- Secondary health centre to serve as a supervisory, coordinating and referral institution
- For each PHC 2 medical officers, 4 public health nurses, one nurse, 4 midwives, 4 trained dais and 15 class IV employees

# Recommendations

## Long term plan (3 million plan):

Health care system in three tiers.

- **First tier:** primary health units with 75 bedded hospital for each 10,000 – 20,000 population with staff of 6 medical officers, 6 public health nurses, 2 sanitary inspectors, 2 health assistants and other supportive staff.
- **Second tier:** 650 bedded Regional Health Unit (RHU) to serve as a referral centre for 30 – 40 PHUs.
- **Third tier:** district hospitals with 2,500 beds to serve the needs of about 3 million.

# Mudaliar Committee

- Constituted in 1959
- By GOI
- Under Dr. A Lakshmanswamy Mudaliar, Vice Chancellor, Madras University
- “Health Survey and Planning Committee”

# Terms of Reference

1. The assessment (or evaluation) in the field of medical relief and public health since the submission of the Health Survey and Development Committee's Report (the Bhore Committee)
2. Review of the First and Second Five-Year Plan Health projects and
3. Formulation of recommendations for the future plan of health development in the country.

# Recommendations

- Consolidation of 1<sup>st</sup> two 5 yr plans
- Strengthening DH to serve as central base for specialist services
- PHC - 40,000 population
- 1 BHW per 10,000 population
- Improve secondary services
- Integration of Medical and Health services



# Chadha Committee

- A committee of health administrators and malariologists reviewed the National Malaria Eradication programme.
- Constituted in 1963
- By GOI
- Under Dr. MS. Chadha, Director General of Health Services

# Terms of Reference

1. The committee should go into the details of the requirement related to the primary health centers, their planning, the necessary priority required according to the needs of the maintenance phase of the Malaria Eradication programme.
2. The committee should also consider the Staffing pattern required for the malaria eradication programme.

# Recommendations

- One basic health worker per 10,000 population
- Basic health workers should visit house to house once in a month to implement malaria vigilance activities.
- BHW to serve as MPHWS for family planning and vital statistics and malaria vigilance.
- FPHA to supervise 3-4 BHW

# Mukerji Committee

- Following the Central Family Planning Council meet at Madras
- Constituted in 1965
- Headed by Shri Mukerji, Secretary, Ministry of Health and Family Planning

# Terms of Reference

- In 1965, the ICMR Director pronounced that Lippes Loop was safe.
- So, IUCD was introduced into the family planning programme and reorganisation of the FP programme was needed.
- CBR was 41 per thousand and was aimed at reducing to 25 per thousand in a period of 10 years.

# Recommendations

- Strengthening of education and publicity efforts and involvement of other organisations
- Strong executive agency in Health Directorate of each state government to exclusively deal with family planning
- Approved the existing Urban Family Welfare centre
- At Rural Family Planning Centre
  - BHW to be utilised as MPW for general services
  - FPHA to undertake only FP work without having to supervise BHW D
- Delink malaria and FP activity

# Mukerji Committee, 1966

- Following 13th Meeting of the Central Council of Health held at Bangalore in June, 1966 - state finding it difficult to take burden of maintenance phase of malaria and other prog. like small pox, leprosy, FP, trachoma
- Formed in 1966
- By GOI
- Headed by Shri B. Mukerji, Union Health Secretary

# Terms of Reference

- To review the staffing pattern of the primary health centre complex and to recommend the minimum staff of various categories required at different levels within the district so as to provide an integrated health service capable of fully catering to the needs of the vigilance services in the maintenance phase of National Malaria Eradication Programme, smallpox eradication, tuberculosis, leprosy and trachoma control, etc.
- To recommend the pattern of Central assistance for the States



# Recommendations

- Basic Health Services to be provided at block level
- Strengthening required at higher level
- Any attempt to give the basic health worker more work under the family planning programme would either endanger malaria vigilance work or would need a larger number of basic health workers per block than what the Committee has recommended.

# Jungalwalla Committee

- Central Council of Health, 1964 Srinagar
- Dr. N. Jungalwalla, Addl. Director General of Health Services
- “Committee on Integration of Health Services”
- Submitted report un 1967

# Terms of Reference

- To study the problems of the health services
- Service conditions
- Elimination of Private practice

# Recommendation

The main steps recommended towards integration were:

- Unified cadre
- Common seniority
- Recognition of extra qualifications
- Equal pay for equal work
- Special pay for specialized work
- No private practice, and good service conditions
- Left states to work out their own strategy.

# Kartar Singh Committee

- Growing demand for increase of staff under each programme.
- Need to reduce population/area covered by each worker.

# Kartar Singh Committee

- Meeting of the Central Family Planning Council 1972
- By GOI
- In 1972
- “The committee on Multipurpose workers under Health and Family Planning”
- Kartar Singh, Addl. Sec., MOHFP
- Report in 1973

# Terms of Reference

- Structure for integrated services the peripherals and supervisory levels
- Feasibility of MPW
- Their training requirements
- Utilisation of mobile services for integration

# Shrivastav Committee

GOI observed that

- Urban orientation of medical education in India, which relies heavily on curative methods and sophisticated diagnostic aids
- The failure of the programmes of training in the fields of nutrition, family welfare planning, and maternal and child because of their development in isolation from medical education,
- The deprivation of the rural communities of doctors
- The need to re-orient undergraduate medical education with emphasis on community rather than on hospital care
- The importance of integrating teaching of various aspects of family planning with medical education



## Shrivastav Committee

- MOHFP,GOI
- In 1974
- “ Group on Medical Education and Support Manpower”
- Submitted report in 1975

# Terms of Reference

- To devise a suitable curriculum for training a cadre of Health Assistants
- To suggest steps for improving the existing medical educational processes as to provide due emphasis on the problems particularly relevant to national requirements
- To make any other suggestions to realise the above objectives and matters incidental thereto

# Recommendations

- (1) Organization of the basic health services (including nutrition, health education and family planning) within the community itself and training the personnel needed for the purposes;
  - Creation of Village Health Guide (VHG) or community health volunteers from the community itself like teachers, postmasters, gram sevikas who can provide comprehensive health services as paraprofessionals.
  - Primary health care be provided within the community itself through specially trained workers so that the health of the people is placed in the hands of people themselves

# Recommendations

- (3) The creation of a **National Referral Services Complex** by the development of proper linkages between the PHC and higher level referral and service centres.
- (4) Establishment of ‘The Medical and Health Education Commission’

**ANY DOUBT?**

**THANK YOU**