CHAPTER ONE

HISTORY OF PUBLIC HEALTH

Health is a common theme in almost all countries. In olden days, health has been defined as an ‘absence of disease’\(^1\). At the outset, the term ‘Health’ may refer ‘a sound mind and body of a person’. It is one of the fundamental rights. It is an asset to the community and an issue of social justice. Although the health status differs from place to place everywhere, it is related to social, environmental and cultural background. A healthy person leads a socially and economically productive life. In a limited sense, health means a condition in which, there is no evidence of disease and a person functioning normally and all the organs of the body functioning equally and in relation to one another exhibiting some sort of equillibrium\(^2\). According to World Health Organization (WHO), ‘Health is a state of complete physical, mental and social well being and not merely an absence of disease or infirmity’\(^3\).

But the term Public Health is used in the widest sense. It is the science of protecting and improving the health of the communities through education, promotion of healthy lifestyles and research for disease and injury prevention. In the earlier period, public health dealt with the sanitation of the environment and the control of communicable diseases. Now it is concerned with protecting the health of entire population. Its domain includes all aspects of human life from preconception until death. It also includes all efforts aimed at the goal of improving the health of the

\(^{2}\) Dr. Lilly Premila, C. and others, *op.cit.*, p.1.
\(^{3}\) Dr. Rajneesh Goel, *Community Health Care*, New Delhi, 2005, p.5.
individual, the family and the community⁴. These efforts may take in the form of clinical activities, special disease control services, maternal and child health services, home visiting services and midwifery services, sanitation services and laboratory services. Public health as a separate discipline has vastly widened its scope. It needs the co-operation of all disciplines involved in human development and cannot be promoted by the health sector alone.

**Genesis**

The birth of Public Health occurred in England around 1840⁵ and made rapid strides in the western world. It arose from the need to protect the public from the spread of communicable diseases. Great sanitary awakening which took place in England in the mid-nineteenth century⁶ gradually spread to other countries too. It had tremendous impact in modifying the behavior of people and ushering an era of public health. The industrial revolution of the 18th century sparked off numerous problems to society—creation of slums, over crowding, high sickness and death rates especially among women and children, infectious diseases like tuberculosis, industrial and social problems, which deteriorated the health of the people to the lowest ebb. Added to this, the frequent attack of cholera compounded the misery of the people. The great cholera epidemic of 1832 led Edwin Chadwick, a lawyer of England to investigate the health of inhabitants. Chadwick’s report on ‘The Sanitary Conditions of the Labouring

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Population in Great Britain’, is a landmark in the history of public health. It focused the attention of the people and Government on the urgent need to improve public health. Filth was recognized as man’s greatest enemy, and with this began an antifilth crusade. This great movement often described as the ‘great sanitary awakening’ led to the Public Health Act of 1848 in England. A new thinking began to take shape and the State has a direct responsibility for the health of the people. This signified the birth of public health.

C.E.A Winslow (1851), a former Professor of Public Health at Yale University defines that public health is the Science and Art of preventing disease prolonging life and promoting health and efficiency through organized community effort for the sanitation of the environment, the control of communicable infections, the education of the individual in personal hygiene, the organization of medical and nursing services for early diagnosis and preventive treatment of disease and the development of social machinery, to ensure for every individual a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his birth right of health and longevity.

Changing Concept in Public Health

The concept of public health made rapid strides in western world. But, its progress has been slow in the developing countries including India. In the history of

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public health, four distinct phases may be demarcated. They are Disease Control Phase (1880-1920), Health Promotional Phase (1920-1960), Social Engineering Phase (1960-1980) and Health for all Phase (1981-2000)\textsuperscript{10}.

Under disease control phase the public health during the 19\textsuperscript{th} century was largely a matter of sanitary legislation and sanitary reforms aimed at the control of man’s physical environment\textsuperscript{11} including water supply and sewage disposal. These measures vastly improved the health of the people due to disease and controlled death tally.

Similarly at the beginning of the 20\textsuperscript{th} century, the concept of health promotion began to take shape. It was realized that public health had been neglected and the citizen as an individual and the State as governing body has a direct responsibility for the health of the individual\textsuperscript{12}. Consequently, in addition to disease control activities, one more goal was added to public health i.e. health promotion of individuals. It was initiated as mother and child health services, school health services, industrial health services, mental health and rehabilitation services\textsuperscript{13}. Public health nursing was a direct out growth of this concept. As a result, public health departments began to expand their programmes towards health promotional activities. Since the State had assumed direct responsibility for the health of the individual, provision of basic health services through the medium of primary health centres and subcentres for rural and urban areas was initiated\textsuperscript{14}. The evalutation of health centres is an important development in

\begin{itemize}
  \item \textsuperscript{10} Annual Public Health Administration Report 2008-2009, op.cit, p.1.
  \item \textsuperscript{11} Park, K., \textit{op.cit.}, p.8.
  \item \textsuperscript{12} Goel, S.L., \textit{op.cit.}, p.9.
  \item \textsuperscript{13} Gupta, M.C., \textit{op.cit.}, p.2.
  \item \textsuperscript{14} Park, K., \textit{op.cit.}, p.8
\end{itemize}
the history of public health during the first half of the 20th century. The concept of health centre was first mooted in 1920 by Lord Dawson in England15.

Public health entered a new phase in the 1960s, described as social engineering phase. Social and behavioral aspects of disease and health were given priority. Public health moved into preventive and rehabilitative aspects of chronic disease and behavioral problems. In this process the goals of public health and preventive medicine which had already considerable overlapping became identical, namely prevention of disease, promotion of health and prolongation of life16.

Subsequently, the members of WHO17 in 1981, pledged themselves to an ambitious target to provide health for all by the year 2000, that is attainment of a level of health that will permit all peoples ‘to lead a socially and economically productive life’18. Currently, public health along with other medical sciences and other health related sectors is engaged in this broad field of effort. With the adoption of the goal of ‘Health for All’ a new public health is now evident worldwide which may be defined as “the organized application of local, state, national and international resources to achieve Health for all. Public health in its modern concept is quite different from

16 Muthu, V.K., A Short Book of Public Health, New Delhi, 2006, p.5:
17 WHO-World Health Organization is a specialized non political health agency of the United Nations with head quarters at Geneva. In 1946 the Constitution was drafted and it came into force on 7th April 1948 which is celebrated every year as world Health Day. A world Health day theme is chosen every year to focus attention on a specific aspect of public health. The attainment by all people of the highest level of health is the goal. The WHO slogan and current aim is “Health for all by 2000 AD. India joined the WHO as member state in 1948.
18 Park, K., op.cit., p.8.
public health of generation ago. Hence, a recent definition of public health is ‘the organized application of resources to achieve the greatest health for the greatest number’\textsuperscript{19}.

**Public Health in India**

Public health services are those services provided to population groups to prevent disease and to maintain health. Public health services in India have long been a part of history. First concrete evidence of public health is available during Great Asoka period (273-233BC) when hospitals were set up for sick people\textsuperscript{20}. He had also given many instructions for better living. He not only emphasized on human health but also gave importance to environmental health. However, concern in health development and public health dates back to the Indus Valley Civilization\textsuperscript{21} (3250-2750 BC) where one finds evidence of well developed environment sanitation programme in the cites such as underground drains and public baths. Over a period of time, the health status deteriorated due to foreign invasions, conflicts, wars and civil unrests.

Later, public health in India followed the English pattern but the progress was extremely slow. The credit of establishing a separate and distinct Public Health Department to promote the health of the common man goes to the British Administration in India. It started after 1858 when a Royal Commission was sent to find reasons for heavy morbidity and mortality among European troops in India due to


\textsuperscript{21} Ibid., pp.9-10.
malaria and some other preventable diseases\textsuperscript{22}. The Public Health Department, were started as Vaccination Departments at the centre as well as in the provinces around 1864 in India\textsuperscript{23}. There was a long tussle whether the Sanitation or Public Health Department should be responsible directly to the Government or to the Surgeon General-in-charge of Hospitals and Medical Education. It took almost 40 years for the British Government to decide in 1904 that Public Health Department should function separately. The designations of Sanitary Commissioner and Assistant Sanitary Commissioner were changed to those of Director and Assistant Director of Public Health Department\textsuperscript{24}. Thus, curative and preventive departments worked separately as Medical and Public Health Department. This system continued in India even after independence. Preventive medicine is concerned with the prevention of diseases both at the level of the individual and the community. Public health measures are now considered to be a branch of preventive medicine.

\textbf{Health Planning in India}

After independence in 1947, for the first time, a democratic regime was setup with its economy geared to a new concept, the establishment of a welfare state. The burden of improving the health of the people and widening the scope of health measures fell upon the National Government. Health planning in India thus became an integral part of national socio-economic planning. The guidelines for national health planning were provided by a number of committees dating back to the Bhore Committee in 1946. These committees appointed by the Government of India from

\textsuperscript{22} Gupta, M.C, \textit{op.cit}, p.2.
\textsuperscript{23} \textit{Ibid.}, p.3.
\textsuperscript{24} Madras Information, May 1959, p.15.
time to time review and the existing health situation and recommended measures for further action. The recommendations of the Bhore Committee report is considered as landmark in the history of public health in India because it became the basis for most of the planning and measures adopted by the National Government. The Alma Ata Declaration on public health care and the National Health Policy of the Government gave a new direction to health planning in India. The goal of nation health planning in India was to attain Health for all by the year 2000.

**Bhore Committee, 1946**

In 1946, the Government of India appointed the Health Survey and Development Committee with Sir Joseph Bhore as its Chairman. Named after its chairman Sir Joseph Bhore, the duty assigned was to survey the then existing position regarding the health conditions and health organization in the country and to make recommendations for the future development. The committee submitted its famous report which put forward a comprehensive proposal for the development of a national programme of health services for the country. The committee observed ‘if the nations health is to be built, the health programme should be developed on a foundation of preventive health work that such activities should proceed side by side with those concerned with the treatment of patients’.

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The Bhore Committee recommended for, the integration of preventive and curative services at all administrative levels; the development of primary health centers in two stages as a short term measure, it proposed setting up primary health centre in the rural areas and each should cater to a population of 40,000 and as a long term programme of setting up primary health units with 75 bedded hospitals for each 10,000 to 20,000 population; major changes in medical education which included three months training in preventive and social medicine to prepare social physicians; special programmes for control of important diseases like Cholera, Malaria and Tuberculosis; special health care programmes should be introduced for risk groups like pregnant women, children and people working in hazardous professions; a provision of atleast 15 percent of the Government budget for public health care and preventive health care to be an integral part of medical education.  

Bhore Committee laid the foundation of the national health programme it continues to be a major national document, and has provided guidelines for national health planning in India.

**Development after Independence**

India became a Republic on 26th January 1950 and the constitution of India laid down certain Directive Principles of State Policy, which are fundamental in governance of the country and it is the duty of the state to apply these principles into laws. The Directive Principle of the Indian Constitution state that “The State shall, in particular, direct its policy towards securing that the health and strength of workers

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men and women, and the tender age of children are not abused and that citizens are
not forced by economic necessity to enter avocations unsuited to their age or strength.
The state shall, within the limits of its economic capacity and development, made
effective provision for old age, sickness and disablement. The state shall make
provision for securing just and humane conditions of work and for maternity relief.
The state shall regard the raising of the level of nutrition and the standard of living of
its people and the improvement of public health as amongst its primary duties”

The significant events took place in the History of Public Health since India
became free. In 1947 Ministries of Health were established at the Centre and State
Governments. The post of Director General, Indian Medical Service and of Public
Health Commissioner integrated with the post of Director General of Health
Services30. He was the principal adviser to the Union Government on both medical
and public health matters. This was followed by many states. The posts of Surgeon
General, the Director of Public Health and Inspector General of Hospitals were
integrated in many states with the post of Director of Health Services.

For the future development and expansion of health services in India from
time to time, the Government appointed various committees to examine health
situation or any important problem facing the country to sought suggestions for
reform. In 1962 the Health Survey and Planning Committee popularly known as the
Mudaliar Committee was appointed31. It recommended to strengthening the district
hospitals, improve the quality of health care provided by the primary health centres

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29 Report of the Task Force on Health, Family Planning, Nutrition and Sanitation,
30 Park, K., op.cit, p.786.
31 Ibid., p.776.
and the integration of medical and health services as recommended by the Bhore Committee.

In 1963 Chadah Committee was appointed to study the arrangements necessary for the maintenance phase of the National Malaria Eradication Programme\textsuperscript{32}. In 1965 Mukerji Committee was appointed to review the strategy for the family planning programme\textsuperscript{33}. The other important committees were Jungalwalla Committee, 1967, Kartar Singh Committee, 1973 and Shrivastav Committee 1975. The basic recommendations of the Committees were accepted by the Government in 1977, which led to the launching of the Rural Health Scheme\textsuperscript{34}. It was based on the principle of ‘placing people’s health in people’s hands’.

**Health For All – By 2000 A.D.**

In 1977, World Health Organization resolved to launch a movement called “Health For All by 2000 A.D.”. It was decided that the main social targets of the World Health Organization in the coming decades should be “the attainment by all

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\textsuperscript{32} Health Information of India 1978, Ministry of Health Family Welfare, Govt of India, pp.58-65.

\textsuperscript{33} Kartar Singh Committee recommended that the present Auxiliary Nurse Midwives to be designated as Female Health workers and the doctors in charge of a PHC have the over all charge of all the Supervisors and health workers in this area. Shrivastav Committee recommended the establishment of two cadres of health workers, namely-multi purpose health workers and health assistants between the Community level workers and doctors at PHC and the establishment of Medical and Health Education Commission for planning and implementing the reforms needed for health and medical education.

\textsuperscript{34} Park, K., op.cit., p.778.
citizens of the world by the year 2000 AD, a level of Health that will permit them to lead a socially and economically productive life”35. On 12th September 1978 an international conference was organized by the WHO and United Nations International Children’s Emergency Fund (UNICEF) in Alma Ata. In the Alma Ata declaration 134 countries subscribed to the goal of Health For All by the year 200036. They affirmed the WHO’s broad definition of health as “a State of complete physical, mental and social well being”37. It stated that Primary Health Care is the key to attaining the Health For All by the year 2000 A.D. as an integral part of overall development and in the spirit of social justice38. Primary health care was accepted by the member countries of WHO as the key to achieve the goal of Health For All by the year 2000 A.D. It was a social goal of providing an acceptable level of health which will permit all the citizens to lead a socially and economically productive life39.

The declaration of Alma Ata stated that Primary Health Care includes promotion of proper nutrition and an adequate supply of safe water, basic sanitation, maternal and child care including family planning, immunization against the major infectious diseases, prevention and control of endemic diseases, education concerning prevailing health problems and the methods of preventing and controlling them and

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37 Ibid., P.219.
appropriate treatment for common diseases and injuries\textsuperscript{40}. India is a signatory to the Alma Ata declaration on “Health for ALL by the year 2000”. Hence the Government of India is committed to take all necessary steps to achieve this goal. Health for All means that basic health facilities are to be brought within the reach of everyone in a given country\textsuperscript{41}.

**National Health Policy**

The National Health Policy (NHP) provided a comprehensive framework for planning, implementation, monitoring of health services and goals to be achieved by 2000. The Ministry of Health and Family welfare, Government of India had evolved a NHP in 1983\textsuperscript{42}, which ensures the Government and people of India to the achievement of Health for all. NHP was planned on the basis of Primary Health Care. It echoed the WHO call for Health for all and the Alma Ata declaration. It was approved by the Rajya Sabha on 4\textsuperscript{th} August 1983\textsuperscript{43} and Lok Sabha on 22\textsuperscript{nd} December 1983.

The NHP in India has the following notable elements\textsuperscript{44}. A greater awareness of health problems and means to solve these, in and by the communities; supply of safe drinking water and providing basic sanitation; reduction of existing imbalance in health services by concentrating on the rural health infrastructure; establishment of a dynamic health management information system to support health planning and health

\textsuperscript{43} Ibid., p.5.
\textsuperscript{44} Park, K., *op.cit.*, p.597.
programme implementation; provision of legislative support to health protection and promotion; greater co-ordination of different systems of medicine and emphasis was also placed on health education.

The NHP recognized the important role of Indian Systems of Medicine and Homoeopathy in the delivery of Primary Health Care in the context of achieving Health for all by 2000 AD\(^45\). It envisaged the private practitioners of Indian Systems of Medicine and Homoeopathy to be involved in the preventive and promotive aspect of health care of people. The NHP of 1983 was revised and a new NHP policy was evolved in 2002\(^46\). It aimed at achieving an acceptable standard of health for the general population of the country. The approach was to increase access to decentralized public health system by establishing new infrastructure in the existing institutions. The goals of the National Health Policy to be achieved by 2000-2015 were to eradicate Polio (2005), eliminate Leprosy (2005), Achieve Zero level growth of HIV / AIDS (2007), reduce mortality by 50% on account of TB, Malaria and other vector and water bone diseases (2010) reduce prevalence of blindness too by 5% (2010) increase the utilization of public health facilities (2010) and eliminate Lymphatic, Fillariasis (2015)\(^47\). It emphasized that any significant improvement in the quality of health services and health status of the citizens would depend on increased financial and material inputs. Recognizing that health needs of the country are enormous and dynamic and acknowledging the human and financial resource


\(^{47}\) Ibid., pp.212-213.
constraints, the NHP 2002, made choices between various priorities and had set the goals for the next two decades\textsuperscript{48}.

**Five Year Plans**

Government of India had set up a Planning Commission in March 1950\textsuperscript{49} to make an assessment of the material, capital and human resources of the country, and to draft developmental plans for the most effective utilization of these resources. Over the years, the planning commission has been formulating successive five year plans. First five year plan was launched in 1951. Since health is an important contributory factor in the utilization of man power, the planning commission gave considerable importance to health programmes in the Five Year Plans.

For the purposes of planning, the health sector has been divided into the following sub-sectors. They are water supply and sanitation, control of communicable diseases, medical education, training and research, medical care including hospitals, dispensaries, primary health centres, public health services, family planning and indigenous system of medicine\textsuperscript{50}. All the above sub sectors have received due consideration in the five year plans.

The broad objectives of the health programmes during the five year plans have been the control or eradication of major communicable diseases; strengthening of the

\textsuperscript{48} Ibid, p.211.

\textsuperscript{49} India 2011, A Reference Annual, Government of India, New Delhi, p.764.

basic health services through the establishment of primary health centres and subcentres; population control and development of health man power resources\textsuperscript{51}.

20 Points Programme

In addition to the Five Year Plans and programmes, in 1975, the Government of India initiated a special activity i.e., the 20 points programme\textsuperscript{52} to promote social justice and economic growth.

On August 20, 1986, the 20 point programme was restructured. Its objectives were “eradication of poverty, raising productivity, reducing inequalities, removing social and economic disparities and improving quality of life\textsuperscript{53}. At least eight of the 20 point programme were related directly or indirectly, to health. The points were to eradicate rural poverty, provide clear drinking water, sort Health for All, a norm of two children, expansion of education, housing for the people, improvement of slums and protection of environment\textsuperscript{54}. The restructured 20 points programme constituted the Charter for the country’s socio economic development. It has been described as “the cutting edge of the plan for the poor”\textsuperscript{55}.

\textsuperscript{51} Park,K., \textit{op.cit.}, p.778.

\textsuperscript{52} Ibid., p.220.


\textsuperscript{54} National Health Policy, Government of India, Ministry of Health and Family Welfare, New Delhi, 1983, p.4.

\textsuperscript{55} Park,K., \textit{op.cit}, p.392.
National Rural Health Mission

Recognizing the importance of health in the process of economic and social development and to improve the quality of life of its citizens, the Government of India launched a National Rural Health Mission (NRHM) on 12\textsuperscript{th} April 2005\textsuperscript{56}. The mission sought to improve rural health care delivery system. The main aim of NRHM was to provide assessable, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population\textsuperscript{57}. It also aimed to improve hospital care, decentralization of programme to district level, to improve intra and intersectional convergence and effective utilization or resources. It also brought the Indian system of medicine to the mainstream of health care\textsuperscript{58}. The NRHM further aimed to provide over arching umbrella to the existing programmes of Health and Family Welfare including reproductive child health, malaria, blindness, iodine deficiency, filaria, tuberculosis, leprosy and integrated diseases surveillance\textsuperscript{59}. Thus the National Rural Health Mission launched by the Government of India also had worked well in the field for the development of public health.

Health System in India

India is a union of 28 States and 7 Union territories. Under the constitution of India, the States are largely independent in matters relating to the delivery of health

\textsuperscript{56} India 2006, A Reference Annual, Government of India, New Delhi, 2006, p.469.
\textsuperscript{57} Yojana, op.cit., Vol.53, October 2009, p.12.
\textsuperscript{59} India 2009, op.cit., pp.486-487.
care to the people\textsuperscript{60}. Therefore, each state, has developed its own system of health care delivery, independent of the Central Government. The Union Governments responsibility was mainly of policy making, planning, guiding, assisting, evaluating and co-ordinating the work of the State Health Ministries. The health system in India has three main links. They are central, state and local or peripheral. The official organs of the health system at the national level consist of the Ministry of Health and Family Welfare, the Directorate General of Health Services and the Central Council of Health and Family Welfare\textsuperscript{61}.

The Union Ministry of Health and Family Welfare is headed by a Cabinet Minister, Minister of State and a Deputy Health Minister. These are political appointments. The Ministry of Health and Family welfare is instrumental and responsible for implementation of various programmes on a national scale, prevention and control of major communicable diseases and promotion of traditional and indigenous system of medicine\textsuperscript{62}. Apart from these, the Ministry also assists, States in preventing and controlling the spread of seasonal disease outbreaks and epidemics through technical assistance. The Ministry of Health and Family Welfare comprises the following departments. They are Department of Health and Family welfare, Department of AYUSH (Ayurvedic, Unani, Siddha and Homoeopathic System of Medicine), Department of Health Research and Departments of AIDS (Acquired Immuno Deficiency Syndromes) Control\textsuperscript{63}. Directorate General of Health Services (DGHS) is an attached office of the Department of Health and Family Welfare and

\begin{itemize}
\item \textsuperscript{60} India 2003, op.cit., p.217.
\item \textsuperscript{61} Park.K., \textit{op.cit.}, p.780.
\item \textsuperscript{62} India 2011, op.cit., p.476.
\item \textsuperscript{63} Alka Gupta,M.D., \textit{op.cit.}, p.418.
\end{itemize}
has subordinate officer spread all over the country. DGHS renders technical advice on all medical and public health matters and is involved in the implementation of various health schemes.\textsuperscript{64}

**Public Health in Tamil Nadu**

Public health, which broadly embraces preventive measures and control of communicable diseases to enable the citizen to lead a healthy life, is primarily the responsibility of the State Government. Historically, the first milestone in State health administration was the year 1919, when the states (then known as provinces) obtained autonomy, under the Montague Chelmsford reforms, from the Central Government on matters of public health.\textsuperscript{65} By 1921-1922, all the states had created some form of public health organization. The Department of Public Health was formed during 1923 in erstwhile Madras state\textsuperscript{66} with the main objectives of provision of maternal and child health care to the rural and urban people and for prevention and control of communicable diseases. Lt. Col. T.H. Russell was the first director of Public Health in the pre-independent era.\textsuperscript{67} In 1939 the Madras Public Health Act was passed, the first of its kind in India. It is the legal instrument enacted before independence, which empowered the Health Officers to enforce Public Health Law to safeguard the health of the people.\textsuperscript{68}

\begin{itemize}
\item[64] Park, K., *op.cit.*, p.781.
\item[65] The Times of India, Directory and Year Book 1984, Bombay, p.260.
\item[67] Ibid., p.3.
\end{itemize}
After independence, many development schemes were put forth under five year plans in the state. In 1951, a separate Ministry of Health was formed in the Madras State\(^69\). It was headed by a Minister of Health and Family Welfare and a Deputy Minister of Health and Family Welfare. The Health secretariat was the official organ of the State Ministry of Health and was headed by a Secretary who was assisted by Deputy Secretaries. The Secretary was a senior officer of the Indian Administrative services\(^70\). In 1960, a State Health Education Bureau was created by Madras Government in order to achieve health with the help of the people\(^71\). The organization structure of Health Department Tamil Nadu is given below\(^72\).

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\(^{70}\) Park, K., *op.cit.*., p.782.

\(^{71}\) G.O.No. 137, Ms. (Public Health) 19 October 1960.

For a long time, two separate departments, Medical and Public Health were functioning in the State. The Bhore Committee (1946) recommended that the medical and public health organization should be integrated at all levels and therefore, should have a single administrative officer for the curative and preventive departments of health\textsuperscript{73}. Till 1966, the Medical Department and the Public Health Department functioned independently, but after that they were integrated. In 1966, by merging the Medical Department and the Department of public health, the Department of Health Service and Family planning was formed\textsuperscript{74}. Later on, in 1976 the integrated Department of Health services and Family planning was bifurcated into the Department of Public Health and Preventive Medicine and the Department of Medical Services and the Department of Family Welfare\textsuperscript{75}. In 1980 Primary Health Centres were brought under a separate Director for the administration of PHCs in the State and to implement the schemes in an effective manner\textsuperscript{76}. The Drug Control Branch, Which was attached to the Department of Public Health and Preventive Medicine was separated in 1981 under a new Directorate\textsuperscript{77}. The State Health Transport Department which was with the Public Health Department was separated from the Directorate of Public Health and Preventive Medicine on 15 July 1981\textsuperscript{78}. In 1991, by merging the Department of Family Welfare and Primary Health Centre with the Department Medical services, a new directorate was formed as the Directorate of Medical and

\begin{footnotes}
\footnotetext[73]{Park, K., \textit{op.cit.}, p.782.}
\footnotetext[74]{Annual Public Health Administration Report, \textit{op.cit.}, 2008-2009, p.2.}
\footnotetext[75]{Ms, G.O.No. 2749, (Public Health), 21 October 1979.}
\footnotetext[76]{G.O.Ms. No.129, Health and Family Welfare, 28 January 1980.}
\footnotetext[78]{Ibid., p.176.}
\end{footnotes}
Rural Health Services\textsuperscript{79}. However, in 1996 Primary Health centres were again brought under the control of Public Health and Preventive Medicine\textsuperscript{80}.

Not satisfied with these changes, in 1970 a separate Directorate was started for all the Indian systems of medicine in Tamil Nadu. Moreover, the new department was renamed as Directorate of Indian Medicine and Homoeopathy\textsuperscript{81}. The Directorate of Indian Medicine and Homoeopathy was a technical department dealing with teaching as well as providing health care in the four systems of medicines namely Siddha, Ayurveda, Unani and Homoeopathy. In addition, this Directorate was also dealing with Naturopathy and Yoga\textsuperscript{82}. So there were continuous process of integration and separation in the department. Now under the Directorate of Public Health and Preventive Medicine, 42 Health unit Districts are functioning in Tamil Nadu\textsuperscript{83}. Each Health Unit District is functioning under the technical and administrative control of one Deputy Director of Health services.

**Health Administration**

Three Major Directorates, manage the health delivery system in the state of Tamil Nadu at present. They are Directorate of Medical Education (DME), Directorate of Medical and Rural Health Services (DMRHS) and Directorate of Public Health and Preventive medicine (DPH)\textsuperscript{84}. The responsibility of implementing,  

\textsuperscript{79} G.O.Ms.No.25, Health Department, 3 January 1991.  
\textsuperscript{80} Annual Public Health Administration Report 2008-2009, op.cit., p.2.  
\textsuperscript{81} Tamil Nadu State Administration Report, 1983-1984, Madras, 1985, p.221.  
\textsuperscript{82} Ibid., 1984-1985, Madras, 196.  
\textsuperscript{83} Annual Public Health Administration Report, 2008-2009, op.cit., p.2.  
teaching, training and research programme vests with the DME Hospitals attached to the various Medical colleges is under its control and management.

Directorate of Medical and Rural Health Services oversees the planning and execution of all programmes pertaining to medical services. All the hospitals, excepting those attached to Medical colleges are under its control. The DPH is incharge of all Primary Health Centres (PHCs) and Health sub centres (HSCs) as also public health training and continuing education. This Directorate also looks after the public health activities of Corporations and Municipalities. Besides the three major directorates, there are Directors of Family Welfare, Drugs Control, State Health Transport Department and Indian Medicine including Homoeopathy\(^85\). The following organogram depicts the organization structure of Government Health Services\(^86\).

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\(^{86}\) Ibid, 191.
ORGANISATION STRUCTURE OF GOVERNMENT HEALTH SERVICES

DMRHS – Director of Medical & Rural Health Services  
DME   - Director of Medical Education  
DFW   - Director of Family Welfare  
DSMO - District Siddha Medical Officer

DPH&PM - Director of Public Health & Preventive Medicine  
DIM   - Director of Indian Medicine & Homoeopathy  
JDHS  - Joint Director of Health Service

DMRHS – Director of Medical & Rural Health Services  
DME   - Director of Medical Education  
DFW   - Director of Family Welfare  
DSMO - District Siddha Medical Officer

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Since health is a State subject, there is no uniform model of a district health organization in India. According to the situation each State developed its own pattern to suit its policy and convenience. In 1991, Tamil Nadu Government have reorganized the district level set up and at the District level a Joint Director of Health services (JDHS) is in charge of all medical public health and family welfare programmes. The JDHS has overall administrative control of all Government health and medical institutions in the District. The JDHS is assisted by Deputy Directors of Medical and Health, Tuberculosis (TB) and Leprosy. These three Deputy Directors helped JDHS from public health side with geographical jurisdiction and were responsible for public health and family welfare activities in the district. The State owned Tamil Nadu State Health Transport Department undertakes the repairs and periodical servicing of the Ambulances and other vehicles of all the Hospitals and PHCs.

**Public Health Organisation and Administration**

Modern Public health organization and administration is designed to prevent disease, prolonged life and to promote physical and mental efficiency through organized community efforts. So it has given much importance in the central, state and district level of administration. Public health administration at every level, attempts to control diseases and to find and eradicate those factors and conditions that

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91 Najoo Savak Kotwal, (Ed.), *op.cit.*, p.441.
cause preventable diseases. So the public health organization is an integral part of the Government, responsible to a central authority and interrelated in its activities with the general conduct of Governmental affairs. Public health administration varies with time and place and must be elastic to meet changing conditions and growing knowledge. Prevention of diseases is one of the important goals of public health.

**Public Health programmes**

The State Ministry of Health has the power to make regulations and sanitary codes that carry out provisions of the State Public health laws. The State public health programme includes, State wide and inter-community control of communicable diseases. The state is particularly concerned with making all arrangements for preventing disease out breaks during festivals and melas; Provision for manufacturing of vaccines; Collection of vital statistics for the State; Promotion of maternal and child welfare including school health and family planning; Recruitment of personnel for rural health services; Supervision of rural Health Visitors and midwives in co-operation with district and local health services; Consultation services in the fields of preventive medicine; Planning projects and schemes to enrich strengthen and expand rural health services through PHCs; Nutrition and other survey programmes; Health education; Co-ordination of health with other Ministries with in the Sate, with the Central Health Ministry and Voluntary Agencies; Planning and implementation of National health programmes and Promotes parallel branches of medicine like Homoeopathy, Ayurveda and Unani.

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92 **Ibid.**, pp.441-442.
Thus the successful function of the Public Health Department depends on several factors, viz. a properly organized administrative set up, a clearly enunciated public health laws and regulations, Governmental orders and instructions regarding the official powers, right and duties of their service conditions, the availability of accurate data regarding vital statistics, adequate budgetary provisions for the departmental activities and efficient supervision by competent staff.

**District Level**

In Tamil Nadu under the Directorate of Public Health and Preventive Medicine 42 Health Unit Districts are functioning. Each Health Unit District comprises of 30-40 primary health centres\(^9^4\). PHCs have been established at the rate of one per 30,000 rural populations in plain areas and one per 20,000 rural populations in hilly regions. Each PHC comprises of 6 Health sub centres (HSCs) on an average level. Now, HSCs have been established at the rate one per 5000 in rural population in plain areas and one per 3000 rural population in hilly regions\(^9^5\). The entire National and state health programmes are being implemented successfully through PHCs and HSCs.

Kanyakumari District is one among the 42 Health Unit Districts in Tamil Nadu. The activities undertaken by the Department of Public Health are provision of primary health care that includes maternity and child health services, immunization of children against vaccine preventable diseases, control of communicable diseases, control of malaria, filaria, tuberculosis, elimination of leprosy, prevention of food


\(^9^5\) Ibid, p.2.
adultration, vazhvoli thittam, varumun kappom thittam, health education of the community and the collection of vital statistics under Birth and Death Registration system and the implementation of health programmes\(^96\).

These Public Health activities aim for the well being of all groups in the community without discrimination of age, race, creed and caste. To attain these activities, PHCs play a vital role at the district level in the State. No doubts, the public health services are essential for the welfare of the people. The services of Public Health Department are indispensable to accrue the physical well being of the people in a given society. Thus the Public Health Administration had its humble beginning during the British regime in India, and developed into separate Directorate, which is working for the welfare of the people of State.
