Chapter 8

Health Policy, Programmes and Initiatives

Abstract Environment as an input for good health and wellbeing should be protected and preserved. Reflecting on the growing urban spaces associated with increasing number of city inhabitants, it becomes imperative to plan for particularly urban health. Keeping in mind the future needs and demands, the government plans to build 100 new smart cities in India. This is in cognizance with the Sustainable Cities and Human Settlements and Sustainable Development Goals to build planned resilient sustainable cities that are prepared for disasters and promote health and wellbeing. The present chapter encapsulates landmark policies, acts and programmes undertaken by the government of India to promote good health and wellbeing and pave way for bringing sustainable urban development.

Keywords Five year plans • Health programmes • Policies • Missions • Constitutional provisions • Judiciary and health • International treaties and conventions

8.1 Introduction

Good health and wellbeing are foundation of human resource quality and determine the development strategy of any country. It is well established that health and environment are closely and intimately interlinked (Haque and Singh 2017). Environment as an input for good health and wellbeing should be protected and preserved. Reflecting on the growing urban spaces associated with increasing number of city inhabitants, it becomes imperative to plan for particularly urban health. Keeping in mind the future needs and demands, the government plans to build 100 new smart cities in India. This is in cognizance with the Sustainable Cities and Human Settlements goal to build planned resilient sustainable cities that are prepared for disasters and promote health and wellbeing. It is essential to focus on low carbon-emitting energy resources for transportation, industry and agriculture for the development of sustainable cities. The present chapter encapsulates landmark policies, acts and programmes undertaken by the government of India to promote good health and wellbeing and pave way for bringing sustainable urban development.

India presently is the second-largest populated nation comprising of 18% of the world's population (United Nations 2017). This is approximately combined population of the six countries, namely the USA, Indonesia, Brazil, Pakistan, Bangladesh and Japan (Patel 2015). However, with large human resource base comes many inherent challenges. India is bearing the dual burden of diseases where on the lower end, malnutrition, hygiene, immunization, sanitation and infectious diseases are major concerns; and on the higher end, environmental health and lifestyle diseases and other non-communicable diseases have raised alarm. Cardiovascular diseases, tuberculosis, cancer, diabetics, malaria, dengue fever, chikungunya, respiratory infections, vector and water-borne diseases continue to be major challenges among the latter group (Central Bureau of Health Intelligence 2016). Added to this is the threat of emerging infectious disease like Ebola, SARS and H1N1 influenza virus-related diseases. As per the Central Bureau of Health Intelligence (2016), India is facing the 'Triple burden of diseases', i.e., unfinished agenda of communicable diseases, non-communicable diseases and emerging infectious diseases. Among the communicable diseases, in 2015, morbidity reported from acute respiratory infections was the highest (67%) followed by acute diarrhoeal diseases (23%), whereas mortality reported was highest from influenza A H1N1 (23%), acute respiratory infections (20%) and pneumonia (18%) (Central Bureau of Health Intelligence 2016). Hence, the concern of the future decade is not only population increase and composition but also quality of human resource.

India is growing at a rapid pace and is already the fourth-largest economy in the world. With achievements in economic sector, India achieved many strides in other sectors too like, life expectancy increased to 65 year and Infant Mortality Rate, Maternal Mortality Rate and Death Rate have been reduced significantly (Planning Commission 2012). Diseases like polio, smallpox, guinea worm and leprosy have been nearly eliminated. The birth rate too is showing a declining trend. The numbers of doctors, health clinics and nursing have increased to provide healthcare services to many remote parts of the country. The success of these is attributed to increase penetration of healthcare services, improved immunization, growing literacy and innumerable initiatives by the government and private sector (Central Bureau of Health Intelligence 2016, 2018).

The insurance sector has played an important role in contributing for the betterment of health. With the liberalization of health insurance, there has been an increase in the private player, but, still 74% of the insurance falls under various Government-sponsored schemes. As percentage of GDP, the public expenditure on health was 1.12% in 2009–10 that reduced to 1.07 in subsequent year. In 2013–14, only 1% of GDP was the expenditure on public health. Later in 2015–16, it again increased to 1.12% but in comparison with problems the multiplicity of problems of the rising population, it seems quite less (Central Bureau of Health Intelligence 2016). The backdrop document of the NHP-2017 mentions that the private healthcare industry encompasses insurance and equipment which accounts for about 15%, pharmaceuticals for more than 25%, diagnostics about 10% and hospitals and clinical care about 50% having total value of \$ 40 billion that is expected to grow to \$ 220 billion by 2020. On the other hand, the government has heavily invested in the form of levying

lower direct taxes in healthcare industry, higher depreciation in medical equipment, income tax exemptions for five years for rural hospitals and custom duty exemptions for lifesaving equipment (Government of India 2017a, b).

India's healthcare spend is significantly low in comparison with the other highly populated developing countries as well as the developed countries. As percentage of GDP, India spent 4.10% of the total GDP on health care in 2010 (World Health Statistics 2010; ASSOCHAM 2011). In comparison, the global average was 9.7% with the USA having maximum share (15.70%) followed by UK and Brazil (8.40% each). Break-up of public and private spending reveals that 26.20% and 73.80%, respectively, were the contribution. This is highly skewed and the public sector spending is lowest in comparison with USA (45.5%), UK (81.70%), Brazil (41.60) and China (44.70%). On the other hand, the private sector contribution is highest in India while the global average is 40.40% (2010). The per capita spending on health care is also among lowest in India (40 USD). However, it is notable to see that the healthcare industry is growing in India owing to population increase, expected increase in geriatric population, lifestyle-related diseases, rising literacy and disposable income that makes health care more affordable.

Despite massive amount of investments, there exist wide gaps between targets and reality. It is imperative for India to provide quality healthcare services at affordable rates to its population. There have been strides of growth in health sector since its inception from the recommendations of Bhore Committee in 1946. The Bhore Committee was set up in 1943 for a comprehensive health survey for development of the country. It laid down the basic structure for health planning that later shaped the nature of programmes and policies in India. The most important recommendations were setting up of well-structured public health system with high priority to child and maternal health care. The new agenda for public health in India includes:

- Epidemiological transition (rising burden of non-communicable diseases).
- Demographic transition (increasing elderly population).
- Environmental changes.

8.2 Health Sector in India—Structure, Roles and Functions

The health sector in India is public, government, private or individual owned. Private sector healthcare providers, registered under the Clinical Establishment Act, are owned and run by individuals or a group of individuals. These consist of dispensaries, clinics, nursing homes and hospitals that may practice Allopathic, *Ayurvedic*, Homeopathic or Unani systems of medicine. Public sector, on the other hand, comes under the Ministry of Health and Family Welfare (MoHFW), Government of India. They too consist of dispensaries, clinics, nursing homes and hospitals that follow various kinds of medicine systems. Additionally, it includes all India networks of government health facilities in the form of sub-centres, primary health centres, community

health centres and rural hospitalizing, urban health centres, municipal and other government hospitals. Charitable institutions, religious organisations like churches and NGOs and public sector bodies like atomic energy, railways, port trust, reserve bank and armed forces also own many of these also. Additionally, pharmaceutical companies, chemist shops, research organisations, medical colleges and other health-related training and research institutes that may be public or privately owned also are a part of the health sector.

The roles and responsibilities of public sector vary from the private sector. While the private sector institutions are more inclined towards curative aspects, the public sector takes more holistic approach including research, disease prevention and control, sanitation and cleanliness missions. At the level of operation, federal nature of the Constitution allows for two levels: Union and State governments. The Seventh Schedule of the Constitution describes the three lists: Union, State and Concurrent entailing the details of roles and responsibilities at each level.

8.2.1 Role of Government of India in Preservation and Promotion of Public Health: Health Missions, Five Year Plans and National Health Policies

The central government provides a broader framework and direction to all programmes to be undertaken like smallpox, malaria, tuberculosis, HIV/AIDS, leprosy and others. These programmes are implemented all over the country uniformly. It is responsible to provide funds to the state government for implementation and execution of all the initiatives. The states also implement all centrally funded programmes like family planning, *Swachh Bharat Abhiyan* (Clean India Mission) and universal immunization. The Union Ministry of Health and Family Welfare is responsible for the implementation of various programmes related to health and family welfare, prevention and control of major communicable diseases and promotion of traditional and indigenous systems of medicines at the national level. It also undertakes research, provides technical assistance and funds for control of seasonal disease outbreaks and epidemics. The Ministry is also responsible for the implementation of World Bank-assisted programmes like control of malaria, tuberculosis, AIDS and others. Programmes having implications at the national level come under the Concurrent list like family welfare and population control, medical education and prevention of food adulteration. Public health, hospitals, dispensaries and sanitation fall under the State list (Government of India 2015).

With respect to missions on health, NRHM and NUHM have had significant achievements. Recently, the *Swachh Bharat Mission* (2014–19) aims to achieve sanitation facilities, cleaner environment and surroundings for all. One of the main objectives of this nationwide campaign is to eliminate open defecation by the construction of toilets and awareness generation. AMRIT launched in 2015 aims to reduce the expenditure incurred by patients on treatment of non-communicable diseases like

Table 8.1 National health missions in India

Year	Name of mission
1996	Intellectual Disability-related Schemes (Vikaas, Samarth, Gharaunda, Niramaya, Sahyogi, Gyan Prabha, Prerna, Sambhav, Bhadte Kadam and Disha)
2002	Sarwa Shiksha Abhiyan
2005	National Rural Health Mission (NRHM)
2008	National Mission on Medicinal Plants
2012	National AYUSH Mission
2013	National Urban Health Mission (NUHM)
2014	<i>Swachh Bharat Mission</i> (Clean India Mission)
2015	Affordable Medicines and Reliable Implants for Treatment (AMRIT)
2018	National Health Protection Mission (Ayushman Bharat Yojana/Pradhan Mantri Jan Arogya Yojana—PMJAY)

cancer and heart diseases (Table 8.1). With 11 centres established till 2018, it is reaching out fast to the public. The world's largest health insurance scheme, *Ayushman Bharat Yojana* (National Health Protection Mission), was launched in 2018. It promises health cover worth Rs. 500,000 to every poor family for treatment of serious ailments.

8.2.2 *Historical Evolution of Health Policies, Plans and Programmes in India*

The first comprehensive health policy and plan document, Health Survey and Development Committee Report, i.e., Bhore Committee Report, was prepared in 1946. Herein, detailed plan for National Health Service with universal coverage was envisaged. The Bhore Committee presented a detailed analysis of the present situation with suggestions. Further, the Sokhey Committee (established in 1938) report was released in 1948. This was a sketchy report as compared to the Bhore Committee report. Nevertheless, the recommendations of both concurred. Unfortunately, the health disparity and coverage of health services still remain grave. In post-independence, it was not until 1983 when the first health policy was formulated and adopted. But before 1983, schemes made under the Five Year Plans were fulfilled. These had specific targets like, in the 1950s and the 1960s, the focus was on managing the epidemics. Widespread national-level campaigns were started to overcome the loss by malaria, smallpox, tuberculosis, leprosy, filaria, cholera and others. The approach was techno-centric wherein the health workers were trained to prevent and control disease spread. International experts and ideologies influenced the mission. The necessary chemicals, medicines and vaccines were dependent on international agencies. The role of social and economic conditions, environment, diet, nutrition, housing

and clothing was ignored. Moreover, the structure of public healthcare delivery system remained unchanged in first two Five Year Plans and urban areas continued to receive major share of resources. By the end of second plan, there was one Primary Health Unit per 140,000 rural populations (14 times less as per Bhole Committee recommendation) and one hospital for 320,000 rural populations. On the contrary, in urban areas, the ratio for hospital and dwellers was 1:36,000 and 1:440 for hospital bed per population. Clearly, the health disparities were quite high and needed urgent attention. Murlidhar Committee was set up in 1959 to evaluate the progress made in the first two plans and provide recommendations. Though there were success stories with regard to the control of disease-specific deaths, improvements in life expectancy and reduction in death rate; the committee brought forward the issues of availability and accessibility to healthcare services. The primary health centres (PHC) were understaffed and ill-equipped, the health practitioners were less in number and urgent need to improve healthcare facilities was asserted (Sharma 2017).

Subsequently, the Third Five Year Plan proposed the establishment of medical colleges, research institutes and training centres for doctors, nurses and auxiliary staff. Though the family planning programme started in 1951, it was actively pursued in this period. Additionally, family planning was made an independent department in the Ministry of health. Thereafter, in 1969, the fourth plan was released that continued the previous approach and goals. Other than this, water supply and sanitation were given separate allocations under the sector of Housing and Regional development.

The Fifth Five Year Plan was landmark as it acknowledged the widening gap between rural and urban areas with respect to all health indicators. It thus focused on accessibility of health services in the rural areas through the Minimum Needs Programme. The emphasis on eradication of communicable diseases and provision of health infrastructure continued. In the middle of this plan, emergency was declared and family planning received undue attention. The provision of safe drinking water and sanitation remained inadequate or absent in majority of the areas. Many water-borne diseases such as diarrhoea, cholera, typhoid, jaundice and others affected the Indian population. Later in 1979–80, India faced with acute drought. Hence, subsequent plans prioritized the issue of safe drinking water and sanitation.

The Sixth Five Year Plan was influenced by the international declaration 'Health for all by 2000 AD'. Many radical measures were suggested by sixth and seventh plan but the action taken was minimal. Privatization became an overarching characteristic in the 1980–90s. Finally, in 1983, the first National Health Policy (NHP) was announced. It aimed to achieve the goal of universal health care that is affordable and as per the needs of the people. Emphasis was laid on preventive, promotive and rehabilitative primary health care; decentralization and community participation and increased role of private investors. Due to attention on selective health care, increased privatization and delink with the ground realities, the policy could not make much success stories. The Seventh Five Year Plan too emphasized on AIDS, cancer and coronary heart diseases with the development of super-specialized centres. This led to a boom in corporate hospitals and diagnostic centres.

The Eighth Five Year Plan laid focus on the health for underprivileged but with selective healthcare approach. However, the ninth plan refers back to Bhore Committee and other significant recommendations and came up with innovative strategies such as evolving state-specific strategies, integration of medical education and health, provision of PHC in slums, horizontal and vertical integration of programmes and improvement of disease surveillance. It also asserted the need for new Health Policy. Despite novel solutions and ideas, the plan failed at ground level. On the eve of the tenth plan, the draft of NHP was announced and called for feedbacks from the public. Finally in 2002, NHP document was released with the objective of achieving acceptable standards of good health of Indian population, decentralization, equity, accessibility of health services and provision of affordable private health care (Dugal 2014). The role of traditional medicines was also acknowledged by this policy.

Further, in the Eleventh Five Year Plan, the central theme with respect to the health sector is 'inclusive growth'. It envisaged the provision of healthcare facilities in rural areas through National Rural Health Mission (NRHM). The Twelfth Five Year Plan was prepared after the consultation of public. It called for Universal Health Coverage through Essential Health Package and to assess the social determinants of health. Major thrust areas were reducing out of pocket expenditure (OOP), ensuring accessibility of vaccines, medicines and technology, increasing staff, *AYUSH* (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) doctors, disaster management areas, nutrition promotion, improve sanitation and provide safe drinking water facilities (Planning Commission 2013a, b).

The National Health Policy 2017 came after 14 years gap and therefore the context of health changed in many ways. The growing number of non-communicable diseases and infectious diseases; rise of private sector; increased expenditure on health and rising economic growth enabling enhanced fiscal capacity have shaped the 2017 policy (Gupta and Kumari 2017). The policy aims at providing health care in an 'assured manner' to all. There is shift from sick-care to wellness and wellbeing of individuals. The Make in India model governs the manufacturing of drugs and devices. *AYUSH* is given special emphasis, especially yoga. While the policy is a comprehensive document, it is yet to be seen whether the targets are achieved or not (Planning Commission 2013a, b; Government of India 2017a, b).

Other than the NHPs, many other policies were announced from time to time that are closely linked with improving the health status of people. These are National Population Policy, National Nutrition Policy, National Water Policy and National Environmental Policy to name a few (Table 8.2).

8.3 Constitutional Provisions: Acts and Statues in India

The Government of India envisages the goal of 'Health for all' as health care is important component of social security and development. As per the Constitution, public health, sanitation, dispensaries and hospitals come under the purview of state list (Entry 6, State List II) while population control and family planning are in

Table 8.2 National health policies/other related policies for promotion of health

Year	Name of policy
1983	National Health Policy
1992	National AIDS Control and Prevention Policy
1993	National Nutrition Policy
1999	National Policy on Older Persons
2000	National Population Policy
2001	National Policy for Empowerment of Women
2002	National Blood Policy
2002	National Policy on Indian System of Medicine and Homeopathy
2002	National Health Policy
2003	National Policy for Access to Plasma-derived Medicinal Products from Human Plasma for Clinical/Therapeutic use
2003	National charter for children
2005	National Rural Health Mission
2006	National Environment Policy
2009	Right of children to Free and Compulsory Education Bill—2009 (education to children aged between 6 and 14 years)
2012	National Pharmaceutical Pricing Policy
2012	National Water Policy
2013	National Policy for Children
2015	National Youth Policy
2017	National Health Policy

Under the purview of policies, many programmes for communicable and non-communicable diseases were launched listed in Tables 8.3 and 8.4. Other than these, Ministry of Health and Family Welfare launched Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in 2006, Janani Shishu Suraksha Karyakram (JSSK) and Janani Suraksha Yojana for insuring the health care. Various programmes undertaken by the Ministry of Social Justice and Empowerment/Ministry of Child Development and Women are Integrated Child Development Services (ICDS) scheme, Mid-day Meal (MDM) Programme, Special Nutrition Programme, National Nutritional Anaemia Prophylaxis Programme (NNAPP), Reproductive and Child Health Programme and School Health Programme. With respect to supply of clean drinking water, Ministry of drinking water and sanitation introduced the Rajiv Gandhi National Drinking Water Mission (RGNDWM) (Lakshminarayanan 2016; http://shodhganga.inflibnet.ac.in/bitstream/10603/145095/15/15_chapter%205.pdf; Patel 2015)

Concurrent list (Entry 20 A, List III). The relevant constitutional provisions are stated as following (Gupta 2002; Government of India 2015):

1. *Article 21* guarantees the fundamental right to life that casts an obligation upon the State to preserve the life of every person by offering immediate medical aid.
2. *Article 23* prohibits traffic in human beings—important in the context of prostitution, STD and HIV AIDS.
3. *Article 24* prohibits child labour (below age 14).

Table 8.3 National health programmes: communicable diseases

Year	Name of programme
1955	National Leprosy Eradication Programme (NLEP)
1955	National Filariasis Control Programme (NFCP)
1962	National TB Control Programme (NTC)
1978	Universal Immunization Programme (UIP launched in 2005)/Mission Indradhanush)
1983	National Guinea Worm Eradication Programme (NGEP)
1990	National Vector Borne Disease Control Programme (NVBDCP)
1992	National AIDS Control Programme (NACP)
1993	Revised National TB Control Programme (RNTCP)
1996	Yaws Control Programme
2000	Integrated Disease Surveillance Projects (IDSP)
NA	Voluntary Blood Donation Programme (VBDP)

Table 8.4 National health programmes: non-communicable diseases, injury and trauma

Year	Name of programme
1950s	National STD Control Programme
1962	National Goitre Control Programme (NGCP)
1975	National Cancer Control Programme (NCCP)/National Programme for Prevention and Control of Cancer (NPPCC)
1976	National Programme for Control of Blindness (NPCB)
1982	National Cancer Registry Programme (NCRP)
1982	National Mental Health Programme (NMHP)
1988	Drug De addiction Programme (DDAP), Revised in 1993
1992	National Goitre Control Programme (NGCP) was renamed National Iodine Deficiency Disorder Control Programme (NIDDCP)
1992	National AIDS Control Programme (NACP)
1995	Pulse Polio Immunisation programme
1996	District Mental Health Programme
1998	National Programme for Control and Treatment of Occupational Diseases (NPCTOD)
2006	National Programme for Prevention and Control of Deafness (NPPCD)
2007	National Tobacco Control Programme (NTCP)
2008	National Programme for Prevention and Control of Fluorosis (NPPCF)
2010	National Programme on Prevention and Control of Diabetes, CVD and Stroke
2010	National Programme for Health Care in Elderly (NPHCE)
2014	National Oral Health Programme

4. *Article 32* empowers every citizen of India to move the courts for violation of fundamental rights.
5. *Article 38* enjoins upon the state to minimize the inequalities in income, facilities (including health facilities) and opportunities.
6. *Article 39* reads 'the state shall direct its policy towards securing health and strength of men, women and children and to see to it that they are not abused'.
7. *Article 41* is about the provision of public assistance in case of old age, sickness and disability.
8. *Article 42* is about provision of just and humane conditions of work and maternity benefits.
9. *Article 47* reads 'The State shall regard raising the level of nutrition and the standard of living of its people and improvement of public health as among its primary duties. The State shall endeavour to bring about prohibition of the consumption, except for medical purposes, of intoxicating drinks and of drugs injurious to health'.
10. As per the 7th schedule of the constitution, provision of health care is the responsibility of the State governments but the central government also plays a vital role in supporting the access to quality health.
11. *Article 246* pertains to scheme of distribution of legislative powers between centre and states as given in the 7th schedule of the constitution among Union, State and Concurrent list.
12. *Article 243G* is inserted as the 73rd amendment of the constitution 1992 to endow the Panchayats with various powers including matters related to drinking water, health, sanitation, PHCs, family welfare, women and child development and welfare of the handicapped and mentally retarded.
13. *Article 243 W*, added by the 74th amendment in 1992, pertains to the powers given to Municipalities to perform the functions entrusted with them regarding water supply, public health, sanitation and solid waste management, vital statistics registration, regulation of slaughterhouses and tanneries.
14. *Article 263* provides for the formation of inter-state council for investigating subjects in which states and centre have common interest and recommending the action for better co-ordination.

The government passes various acts and laws to promote healthy lives for all. These acts pertain to medical profession and education, nursing profession and education, pharmacists and pharmacy education, dental profession and education, mental health, drugs standards, advertisements relating to drugs and medicines, prevention of the extension from one State to another of infectious or contagious diseases affecting human beings and prevention of adulteration of foodstuffs and drugs.

8.4 Role of Judiciary

The Supreme Court is the original, appellate and advisory body for jurisdiction in India. In addition, Article 32 of the Constitution gives an extensive original jurisdiction to the Supreme Court in regard to enforcement of Fundamental Rights. The Supreme Court also deals with 'Public Interest Litigations', i.e. matters in which interest of the public at large is involved and the Court can be moved by any individual or group of persons either by filing a Writ Petition (Gupta 2002). The High Court is the highest body at state level. It has the power to issue jurisdiction directions, orders, or writs to any person within its state. Lok Adalats are voluntary agencies monitored by the State Legal Aid and Advice Boards. They help resolve the dispute through conciliatory method.

8.4.1 *Some Important Legislation Related to Health*

The Indian Medical Council Act, 1956 and Regulations 2002; the Indian Nursing Council Act, 1947; the Dentists Act, 1948; the Pharmacy Act, 1948; the Rehabilitation Council of India Act, 1992; the Indian Medicine Central Council Act, 1970, and the Homeopathy Central Council Act, 1973 and the Clinical Establishment Act 2010 are related to quality of education and training of health personnel (Kishore 2012; Government of India 2011).

- Registration of Births and Deaths Act, 1969
- Spread of Epidemics Disease Act, 1994
- The Cigarettes and other Tobacco Products (Prohibition of trade, commerce, production, supply and distribution) Act, 2003
- The Mental Health Act, 1987
- The Narcotic Drugs and Psychotropic Substances Act, 1985
- The Drugs and Cosmetics Act, 1940
- The Prevention of Food Adulteration Act, 1954
- Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995
- Various women health-related acts are The Maternity Benefit Act, 1961, Family Court Act 1984, The Dowry Prohibition Act, 1961 and The Immoral Traffic (Prevention) Act, 1956
- To protect children and their rights are The Prenatal Diagnostic Techniques (Regulation and Prevention of misuse) Act, 1994, The Infant Milk Substitutes, Feeding Bottlers and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992, The Juvenile Justice Act, 1986, The Child Labor (Prohibition and Regulation) Act, 1986 and The Child Marriage Restraint Act, 1929.
- For the protection of workers and their families a number of acts have been passed. These include the Minimum Wages Act, 1948; The Dangerous Machine (Regulation) Act, 1983; The Plantation Labor Act, 1951; The Factories Act, 1948; The

Mines Act, 1952; The Employees State Insurance (ESI) Act, 1948; The Workmen's Compensation Act, 1923; The Bonded Labor System (Abolition) Act; The Trade Union Act, 1926; The Dock Workers (Safety, Health and Welfare) Act, 1986; The Mines Labor Welfare Fund Act, 1972; The Bidi Workers Welfare Fund Act, 1972; The Cigar Workers (Conditions of Employment) Act, 1966; and The Contract Labor (Regulation and Abolition) Act, 1970.

- Environmental legislations are very important to ensure good health and wellbeing. In this regard, the government has enacted number of such as the Destructive Insect and Pest Act, 1914; Wild Life (Protection) Act, 1942; The Atomic Energy Act, 1962; The Water (Prevention and Control of Pollution) Act, 1974; The Air (Prevention and Control of Pollution) Act, 1981; The Environment (Protection) Act, 1986; The Motor Vehicles Act, 1988.
- Government of India has made provisions for voluntary groups to work in social, educational, environmental, and health domains through acts such as The Societies Registration Act, 1860 and The Red Cross Society (Allocation of Property) Act, 1936.
- Recently in 2010, The Clinical Establishments (Registration and Regulation) Act was introduced 2010 which aims at providing registration and regulation of clinical establishments in the country with a view to prescribing the minimum standards of facilities and services for them. In 2011, pictorial health warnings on cigarettes and other tobacco products have come to effect (Government of India 2011).
- Other than these many acts/statutes come under the jurisdiction of MoHFW including The Prevention of Food Adulteration Act, 1954 (37 of 1954), Medical Termination of Pregnancy Act, 1971 (34 of 1971), Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994 (57 of 1994), The Food Safety and Standards Act, 2006 (34 of 2006) and The Clinical Establishments (Registration and Regulation) Act 2010.

8.5 Ministries Related to Improving Health

Since good health and wellbeing have overlapped with various other dimensions, many ministries together have to work for the promotion of healthcare facilities. Various ministries that directly or indirectly contribute towards good health of the Indian population. Of the total 58 ministries, the following 26 are related to provision of healthcare services and promotion of good health.

1. Ministry of Health and family welfare
2. Ministry of Social, Justice and Empowerment
3. Ministry of Women and Child Development
4. Ministry of Human Resource Development
5. Ministry of Rural Development
6. Ministry of Urban Development
7. Ministry of Housing and Urban Poverty Alleviation

8. Ministry of Water Resources
9. Ministry of Drinking Water and Sanitation
10. Ministry of Environment, Forests and Climate Change
11. Ministry of Earth Sciences
12. Ministry of New and Renewable Energy
13. Ministry of Petroleum and Natural Gas
14. Ministry of Power
15. Ministry of Panchayati Raj
16. Ministry of Tribal Affairs
17. Ministry of Minority Affairs
18. Ministry of Labour
19. Ministry of Youth Affairs and Sports
20. Ministry of Consumer Affairs, Food and Public Distributions
21. Ministry of Agriculture
22. Ministry of Food Processing Industries
23. Ministry of Science and Technology
24. Ministry of Electronics and Information Technology
25. Ministry of Home Affairs

8.6 International Treaties and Conventions Ratified by India

There has been a significant role of international treaties and declarations on the course of direction of the health policies of India. Notably, when the international scenario was focused on curing the communicable diseases, India too planned accordingly. Later, when the holistic definition of health was released by WHO, the perspectives on health widened. It can be undoubtedly said that India has aligned itself with the global needs and concerns. Some important landmarks in health sector at the international level are as follows:

- Alma Ata Declaration, 1978: The Declaration of Alma Ata was adopted at the International Conference on Primary Health Care at Kazakhstan in 1978. It is the first international declaration and hence an important landmark. The goal of this declaration was to achieve 'Health for all' particularly through primary health care.
- International Conference on Population and Development (ICPD) Cairo, 1994: The International Conference on Population and Development was organized by the United Nations to discuss various issues related to population such as immigration, infant mortality, birth control, family planning, education of women and protection for women from unsafe abortion services. The conference called for universal education, reduction in IMR, MMR and child mortality and access to safe methods for family planning.

- Millennium Development Goals, 2000: The United Nations declared Millennium Development Goals, 2000 to be achieved by 2015. The eight international goals under it were adopted by all 191 member states. These goals are:
 1. To eradicate extreme poverty and hunger
 2. To achieve universal primary education
 3. To promote gender equality and empower women
 4. To reduce child mortality
 5. To improve maternal health
 6. To combat HIV/AIDS, malaria, and other diseases
 7. To ensure environmental sustainability
 8. To develop a global partnership for development
- WHO Framework for Tobacco Control—WHO Geneva, Convention 2003: The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) treaty was adopted in the 56th World Health Assembly held at Geneva, Switzerland. It was signed by 168 countries. The treaty called for the protection of present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.
- Sustainable Development Goals (SDG), 2016: The SDGs are a set of 17 goals to be accomplished by 2030. They cover issues including poverty, hunger, health, education, global warming, gender equality, water, sanitation, energy, urbanization, environment and social justice. Good health and wellbeing for people is the third goal states ‘Ensure healthy lives and promote wellbeing for all at all ages’ (Fig. 8.1) while clean water and sanitation, affordable and clean energy, sustainable cities and communities, climate action and zero hunger are other important goals related to health.

8.7 Concluding Remarks

Within the wide framework of nested health missions, policies, programmes, acts and statutes lie the overarching objective of providing good health and wellbeing to all. The diverse challenges pose threat to achieving targets. Concerted efforts and dedicated research are still falling short of targets. The health sector is wide and demanding and requires comprehensive detailed review of all previous committee reports and recommendations and in-depth ground reality checks. The role of government needs to be enhanced along with more revenue allocation for successful results in health sector.

Fig. 8.1 Highlights of Sustainable Development Goal 3: good health and wellbeing. *Source* Adopted from United Nations Organisation

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