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Welcome

HISTORICAL DEVELOPMENT OF COMMUNITY HEALTH AND COMMUNITY HEALTH NURSING- WORLD AND INDIA.

INTRODUCTION

- Community health nurses have been leaders in improving the quality of health care for people since the late 1800s.

- They have many new approaches designed to improve the overall health status of their communities.

Definition of terms

Health (WHO)

- According to ' World Health Organization , health defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Conti…

Public health (1920, C.E.A. Winslow)

- It is "the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals."

Community health nursing (WHO)

- “It combines the skills of nursing , public health programmes for the promotion of health , the improvement of condition in the social and physical , environmental ,the prevention of illness and disability and rehabilitation.
-

Evolution of community health

Primitive medicine (before 5600 BC)

- In the ancient time, the medicine was practiced by magical and religious beliefs which were part and parcel of ancient civilizations and culture and it was the primitive medicine born out of sympathy towards mankind suffering from sickness.

- Remedy of disease also relayed upon appeasing god by prayer, rituals and scarifies to drive out the evil spirit by black magic, mantras etc.

Indian systems of medicine (5000 BC)

- The medical system that initiated are truly Indian in origin, and development are Ayurveda, siddha systems. Ayurveda is the oldest medicine in the world, since it evolved from Atharva Veda.
- Siddha a contemporary system of medicine practiced in Tamil speaking areas of south India during ancient period
- Unani was introduced into India by Muslim ruler by 10^{th} century.

Chinese medicine (2700 BC)

- This is an organized system of medical knowledge dating back to 2700 BC Chinese knowledge about acupuncture is known worldwide.
- Chinese were pioneers of immunization and they practiced **variolation t**o prevent small pox.
- They have good faith in traditional medicine which is integrated with modern medicine.

Egyptian medicine (2500 BC)

- The Egyptian believed that the disease was due to absorption of harmful substance from intestine and hence the treatment is based on cathartic enema. They are known for indigenous ways of preserving dead bodies.

Mesoptomain medicine (2100 BC)

- The basic concept of medicine is religious practices by herb doctors and doctors similar to surgeons and psychiatrist.

Greek medicine (460 – 136 BC)

- The greatest Greek physician Hippocrates is called father of medicine. He studied and classified the disease based on observation and reasoning and thus the initiated new approach to medicine.
- In principle, he reasoned out disease with reference to climate, water, diet etc. Greek believed that matter was made up of four elements (air, earth, water, fire)

Roman medicine (100 BC)

- Roman made good roads, sewage systems and established hospitals throughout their empire

Middle ages (500-1500 AD)

- During which Roman empire collapsed and roman medical schools also disappeared and the practice of medicine revolved back to primitive medicine, dominated by superstition and consequently there was no development of medicine.
- Europe was practically ravaged by diseases like plague, small pox, leprosy, TB etc; here the medieval age is called the Dark age of medicine

Conti…

- The spread of Christianity led to the establishment of hospitals.
- The first hospital on record in England was build in York in 937 AD.

Revival of scientific medicine

- Swiss born Paracelsus publicity criticized the superstition in medicine and helped to turn medicine towards rational research.
- Fracastorius an Italian physician enunciated the theory of contagion and he envisages the transfer of infection via minute invisible particles and explained the cause of epidemics.
- Andreas Vesalius of Brussels, dissected human body and raised the study of anatomy.
- Ambroise pare, a French army surgeon contributed much in surgery and earned the title of father of surgery.

Birth of preventive medicine

- The holistic milestone in the evolution of medicine is the great sanitary awakening took place in England and it gradually spread to other countries
- Preventive medicine got a firm foundation only after the discovery of causative agents of disease and the establishment of the germ theory of disease.
- The development of laboratory methods for the early detection of disease was a further advance.
- In its early years, preventive medicine was equated with the control of infectious diseases.

Health for all concepts

- With the adoption of the Alma – ata declaration and the global strategy for health for all by the year 2000, in 1978 and 1981 respectively.
- The concept of providing care through 'primary health centre' was an outcome of the **BHORE COMMITTEE'S** recommendations in 1946.

Genesis of Modern public health (20th century)

- As the prevalence of infectious diseases in the developed world decreased through the 20th century, public health began to put more focus on chronic diseases such as cancer and heart disease. An emphasis on physical exercise was reintroduced. In America, public health worker Dr. Sara Josephine Baker lowered the infant mortality rate using preventative methods.

Conti…

- During the 20th century, the dramatic increase in average life span is widely credited to public health achievements, such as vaccination programs and control of infectious diseases, effective safety policies such as motor-vehicle and occupational safety, improved family planning, fluoridation of drinking water, anti-smoking measures, and programs designed to decrease chronic disease.

The Public Health (21st Century)

- Traditionally, the government has been responsible for providing public health services through a network of federal, state, local, and tribal health departments and clinics.

EVOLUTION OF COMMUNITY HEALTH NURSING

- St Francis Desales (1567-1662) conceived a voluntary association of friendly visitors to go to the homes of the poor and care for the sick.

Conti…

1576-1669

- St Vincent DePaul is a prominent figure in the history of nursing and social welfare.

Early home care nursing (before Mid – 1800s)

- The early roots of home care nursing began with religious and charitable groups. Even emergency care was provided. A group of monks in Florence, Italy, known as the Misericordia provided first-aid care for accident victims on a 24 hour basis.

Conti…

- Much of the foundation for modern community health nursing practice was laid through Florence Nightingale's remarkable accomplishments. She has been referred to as a reformer, a reactionary, and a researcher , born in 1820 into a wealthy English family, her extensive travel, excellent education-including training at the first school for nurses in Kaiserwerth, Germany

Conti…

- 1856-during the war were unspeakable. Thousands of sick and wounded men lay in filth, without beds, clean coverings, food, water, or laundry facilities. Florence Nightingale organized competent nursing care and established kitchens and laundries that resulted in hundreds of lives being saved.

HOME HEALTH CARE (RATHBONE, 1859)

- The nest significant era for community health nursing is traced to William Rathbone in Liverpool, England.
- Because of the outstanding care provided to his dying wife, Rathbone in 1859 made the instrumental in establishing a district nursing service.
- Based on his experience, Rathbone concluded that many people with long – term illnesses could be better cared for in their own homed than in a hospital.

Conti...

- Rathbone ultimately founded the Metropolitan Nursing Association to provide home health nursing .
- During this time the largest religious organization in London.

Conti…

- **1877-** The women's board of the New York Mission hired Frances Root, a graduate of Bellevue Hospital's first nursing class, to visit the sick, poor and provide nursing care and religious instruction.

Conti…

- **1886-** In 19th century in America ,the first visiting nursing society began in Philadelphia to private home health care to the sick.

Conti…

- **1886-** the first district nurse was hired in Boston. As the number increased- they worked closely with physician to carry out medical orders. Patients paid no fees and initially two lay managers of the association supervised the nurses.

Conti…

- **1888-** The instructor, District Nursing Association became incorporated as an independent voluntary agency to provide care to the sick poor under the direction of a trained physician and to instruct families to take better care of themselves and their neighbors by living a wholesome life

SETTLEMENT HOUSES

- During the era, wealthy people became interested in charitable activities and began to fund settlement houses in many larger cities.
- These settlement houses offered a variety of services for member of the community.
- For example, in 1893, Kittian Wald and her friend Brewster, both trained nurses and wealthy women, did a visiting service for the poor area in New York.

Conti…

- **1891-** Lillian Wald was very far-sighted woman who after graduating from New York Hospitals Training School in 1891.she was the founder American Community Nursing. She founded the Hendry Street settlement In Newyork City.

Conti…

- **1898-** public funds paid the nurse to provide nursing care at the home.

- **1909**- Lillian Wald established the first community health nursing programme and established a nursing insurance partnership with the metropolitan life insurance company. She believing that, keeping workers healthier meant their productivity would increase, she urged that nurses at agencies provide skilled nursing care to ensure healthier worker.

- She provided fees to the nurses in the settlement houses according to everybody's financial capacity to pay.

CHILD WELFARE MOVEMENT

- The child welfare movement similar in America and Europe emphasized the need for clean milk, well child clinics and development of well baby guidelines to the mothers.

- The child health movement profited from the establishment of a division of child hygiene in the New York City, Health Department in 1880.

Conti…

- **1880-** Dr Josephine Baker proved that infant deaths could be greatly reduced through prevention.
- Simultaneously with the development of well baby clinics, clean milk was provided by monitoring services as and by requiring pasteurization.

Conti…

- **1908-** The pediatric department ,outdoor medical clinic began in the New York City.

- **1909**- Visiting nurses service for pregnant women began in Boston in 1909 and in St Lewis in 1912.

Conti…

- **1924**- A rural practitioner scheme was introduced in Madras and Rs.50 per month was paid to doctors who would settle down in a village and treat patients free of charge for three hours a day.

- **1930-** The educational institution provides programmes for public health nursing by the All India Institute of Hygiene and Public Health.(KOLKATA)

- **1935**- Title of the social security Act re-enacted the children's bureau.

WORLD WAR I AND COMMUNITY HEALTH NURSING

- The great demand for nurses created by the onset of world war I in 1915 threatened the role of community health nurses whose numbers were insufficient to meet the need.

- However, the American Red Cross helped to sustain community health nursing by establishing a roster of nurses who could be enlisted to supply health care.

- The Red Cross emphasized educational programme for the community as well as programmes directed toward communicable diseases.

Conti…

- During the war, the National Organization of public health loaned a nurse to establish a community health nursing programme for military outposts, which led to the first community health nursing programme sponsored by the central Government. After World war I, many changes occurred that subsequently affected community health nursing.

Conti…

- By the early 1960s, community health nursing began to assume a more active role in society. community health nurse as a graduate from a baccalaureate (Bachelors Degree) programme in nursing accredited by the National League of Nursing.

Conti…

- **1934**- In this year, **pearl** became the first nurse employed by the United state of public health service to provide consultation services to state health departments. Initially only a few states had budgeted community health nursing position.

- **1936**- All states included some type of community health nursing consultation service in their budgets.

Conti…

- In 1966, the American public health association and the national league nurse jointly developed a programme for accrediting community health nursing services.

WORLD WAR II AND COMMUNITY HEALTH NURSING

- During World War II many nurses joined the Army and Navy Nurse Corps. To provide sufficient nurses to meet demands in war time, the Bolton Act of 1943, established the cadre nurses corps.
- During this time theses nurses constituted 90 percent of the enrollment in basic nursing programmes. Lucile petri provided leadership.

Conti…

- In 1952, there were major changes in nursing profession. American nurses association and National league of nursing became the two major nursing organizations. The National League of Nursing opened to both nurses and lay people to strengthen the co-operation between them and they established National Student Nurses Association.

VOLUNTARY ACTION FOR HEALTH

- Although the government retains a major responsibility for the health and welfare of its citizens, voluntary organization and involuntary health agencies play key role in community health.
- Rapid economic growth in the United States helped to create many of the problems attracting the affection of voluntary health agencies and also provided the resources and leisure time necessary for volunteers to start such organization.

PUBLIC HEALTH NURSING IN INDIA

- Public health nursing includes all nursing services organized by a community or agency to carry out nursing aspects of public health programme in the homes, in the schools, in the industry or in the health centers or such other institutions.

Conti…

- Until very recently, most of the health services in the homes were provided by the health visitors, midwives and trained dais whose activities were and are still concerned primarily with maternity and child welfare.
- The training of dais is being replaced in several states by more suitable and adequately trained personnel, the Auxiliary Nurse Midwife, who was the key person to provide public health services in the remotest parts of the village through the sub centers and the primary health center.

TRAINING

- In 1952, a post-certificate public health nursing programme of study was instituted at the college of nursing, New Delhi and later transferred to All India Institute of Hygiene and public Health, Kolkata.
- All the colleges of nursing are integration public health in the basic curriculum from the very beginning of the degree programme, so that the graduated from these colleges are qualified to function in public health, as well as hospital services.

Conti…

- Public health nursing is also now being integrated in the basic curriculum of the general nursing course and every nurse graduating from such school of nursing is expected to work equally well in hospital and in the public health field.

- Public health orientation courses were introduced in some states so that graduate nurses were orientated to public health and assigned to rural areas.

- There are also supervisors training course given at All India Institute of Hygiene and public health at Kolkata and also in other places.

COMMUNITY HEALTH NURSING(1970-PRESENT)

- Many new kinds of community health services appeared and demands on community health nurses expanded their role.

- Furthermore, other community health training professionals assumed responsibilities that had traditionally been the domain of public health nursing.
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- Some school counselors began coordinating home visits previously done by school nurses and health educations, who are part of discipline that has developed in the last decade, took over large segments of client educators, social workers, counselors, health educators came prepared with different backgrounds.

Conti…

- Further accelerated changes in health care provision, technology and social issues made increasing demands on community health nurses ability to adapt to new pattern of practice.

CHRONOLOGICAL DEVELOPMENT OF COMMUNITY HEALTH NURSING IN INDIA

- The preparation of nursing workers for public health work was started in this country in 1981, when the Lady Reading Health School was established in Delhi. Later such school was established in other parts of the country to train lady health visitors.
- 1919: The public health responsibilities were transferred to an elected minister.
- 1920: Municipality and local boards act were passed in several provinces.

Conti…

- 1921: Providing legislation for the advancement of public health.
- 1930: At Kolkata, an All India Institute of Hygiene and Public Health was established with aid from the Rockefeller Foundation.
- 1931: A Maternal and Child Welfare Bureau was established by the Indian Red Cross Society.

Conti…

- 1935: All the health activities in the country were grouped us under the control of central and state government.
- 1937: A Central Advisory Board of Health was set up.
- 1939: Madras public Health Act was passed. A Rural Health Training Center(RHTC) at singur near Kolkata was established with assistance from the Rockfeller Foundation. Indian Tuberculosis Association was started.

Conti…

- 1940: The Drugs Act was passed and brought under control.
- 1943: A health survey and development committee was appointed by the Government of India under the chairmanship of Sir Joseph Bhore.
- 1946: BHore Committee's Report was submitted in three volumes.

Conti…

- 1947: The National Government took up the responsibility of improving the health of the people.

- Ministries of health were established at the central and state levels.
- Public health was integrated into the post of Director of Health Services.

- 1948: India joined as a member state of WHO. ESI Act was passed.

- 1950: Planning Commission was set up by the Government of India.

Conti…

- 1951: BCG vaccination programme was launched. This year was the beginning of First Five Year Plan.

- 1952: Community Development programme was launched on 2nd October for overall development of the rural areas.

- 1953: A model Public Health Act Committee was appointed to draw up a model comprehensive Public Health Act.

Conti…

- 1954: Central Social Welfare Board was set up.
- National Water Supply and sanitation scheme was inaugurated.

- National leprosy Control Programme was started
- Food Adulteration Act was passed.

- 1955: National Filaria Control Programme was started.

- 1956: Central Health Education Bureau was established.

Conti…

- 1958: National Malaria Control Programme was established.
- 1959:Mudaliar Committee was appointed to review the progress made in health.
- 1960: School Health Committee was formed. Pilot projects in relation to smallpox Eradication programme were initiated.
- 1962: Central Family Planning Institute was established in Delhi.

Conti…

- 1963: Applied Nutrition programme started.
- 1963: The Family planning programme was changed to an extension approach scheme.
- 1964: National Institute for Health Administration and Education(NIHAE) was established in Delhi.
- 1965: IUD (Lippe's Loop) was introduced.

Conti…

- 1966: Minister for Family planning was appointed under the Ministry of health.
- 1970: All India Hospital Family planning programme was stated.
- 1971: MTP Act was passed by parliament.
- 1972: MTP Act came into force.
- 1973: Minimum needs programme was incorporated with the health services.

Conti…

- 1973: Multipurpose health worker scheme was introduced by “Kartar Singh” committee report.
- 1975: On July 5th of this year, India was declared free from smallpox.
- Integrated Child Development Scheme was launched in India (ICDS)
- 1976: Indian Factories Act of 1948 was amended.

Conti…

- 1977: International Commission declared that India has eradicated smallpox. National Institute of Health and Family planning was formed.
- Community Health Workers scheme was begun by the Union Ministry of Health.
- Rural Health scheme was introduced.
- 1978: The “Slogan Health for all by 2000 AD” came into force at Alma Ata Declaration.

Conti…

- 1980: On 8 May, smallpox was officially declared as eradicated from the entire world.
- 1981: Report of the working group on “Health for All” set up by the planning commission was published.
- 1982: The new 20-point programme was announced.
- The Government of India framed “National Health Policy". The school health service started in India on a trial basis.

Conti…

- 1983: National Health Programme was approved by the parliament. Guinea worm eradication programme was launched.
- 1984: The ESI (Amendment) Bill was approved by parliament.
- 1985: Universal Immunization programme was launched.
- 1987: The new 20-point programme was launched.

Conti…

- 1987: A world wide “safe motherhood” campaign was launched by world bank.
- 1989: Blood safety programme was launched.
- 1990: ARI programme initiated as a pilot project I 14 districts.
- 1992: Child survival and Safe Motherhood (CSSM) programme was launched on 20th August.

Conti…

- 1995: Pulse polio Immunization programme launched in December and January.
- 1996: Reproductive child health(RCH) programme was started in place of CSSM with slight modification.
- 1997: Leprosy control programme was integrated with health services. RCH programme was launched.

Conti…

- 1998: National Antimalarial programme introduced.
- 2000: National population policy
- 2001: National health policy.
- National AIDS control policy
- 10th Five Year Plan
- Emergence of SARS.

Conti…

- 2005: RCH-II
- -NRHM
- India achieved leprosy elimination.

- 2006: Released new growth chart by WHO ban on child labor RNTCP covers whole country since Nov. 2006.

Conti…

- A long-term programme (also called the 3 million plan) of setting up primary health units with 75-bedded hospitals for each 10,000 to 20,000 population and secondary units with 650-bedded hospitals, again regionalized around district hospitals with 2,500 beds; and
- Major changes in medical education which includes 3 month's training in preventive and social medicine to prepare "social physicians".

MUDALIAR COMMITTEE, 1962

- It 1959, the Government of India appointed another Committee known as “Health Survey and Planning Committee”, popularly known as the Mudaliar Committee (after the name of its Chairman, Dr. A.L. Mudaliar)

Conti…

The main recommendations of the Mudaliar Committee were:

- Consolidation of advances made in the first two five year plans;
- Strengthening of the district hospital with specialist services to serve as central base of regional services;
- Regional organizations in each state between the headquarters organization and the district in charge of a Regional Deputy or Assistant Directors-each to supervise 2 or 3 district medical and health officers;

Conti…

- Each primary health centre not to serve more than 40,000 population;
- To improve the quality of health care provided by the primary health centres;
- Integration of medical and health services as recommended by the Bhore Committee; and
- Constitution of an All India Health Service on the pattern of Indian Administrative Service.

CHADAH COMMITTEE, 1963

- In 1963, a Committee was appointed by the Government of India, under the Chairmanship of Dr. M.S. Chadah, the then Director General of health Services to study the arrangements necessary for the maintenance phase of the National Malaria Eradication Programme.

Conti…

- The Committee recommended that the “vigilance” operation in respect of the National Malaria Eradication Programme should be responsibility of the general health services, i.e., primary health centers at the block level.

Conti…

- One basic health worker per 10,000 populations was recommended.
- These workers were envisaged as “multipurpose” workers to look after additional duties of collection of vital statistics and family planning, in addition to malaria vigilance.
- The Family Planning Health Assistants were to supervise 3 or 4 of these basic health workers. At the district level, the

MUKERJI COMMITTEE, 1965

- A committee known as “Mukerji Committee, 1965” under the Chairmanship of Shri Mukerji, the then Secretary of Health to the Government of India, was appointed to review the strategy for the family planning programme.
- The Committee recommended separate staff for the family planning programme.
- The family planning assistants were to undertake family planning duties only.
- The basic health workers were to be utilized for purposes other than family planning.

JAIN COMMITTEE (1966-67)

- The Government of India and Ministry of Health and Family planning set-up the study group in August 1966 under the chairmanship of Ajit Prasad jain to look into medical care services. It undertook.
- Study of working of different classes of hospitals in the country with a view to improve the standards of medical care and developing sound guidelines for the future expansion of the hospital services.

JUNGALWALLA COMMITTEE, 1967

- The Central Council of Health at its meeting held in Srinagar in 1964, taking note of the importance and urgency of integration of health services, and elimination of private practice by government doctors, appointed a Committee known as the “Committee on Integration of Health Services” under the Chairmanship of Dr. N. Jungalwalla.

Conti…

The Committee defined “integrated health services” as:

- A services with a unified approach for all problems instead of a segmented approach for different problems; and
- Medical care of the sick and conventional public health programmes functioning under a single administrator and operating in unified manner at all levels of hierarchy with due priority for each programme obtaining at a point of time.

KARTAR SINGH COMMITTEE, 1973

- The Government of India constituted a Committee in 1972 known as “the Committee on Multipurpose Workers under Health and Family Planning” under the Chairmanship of Kartar Singh, Additional Secretary, Ministry of Health and Family Planning, Government of India.

Conti…

The Committee submitted its report in September 1973. Its main recommendations were:

- That the present Auxiliary Nurse Midwives to be replaced by the newly designated “Female Health Workers”, and the present-day Basic Health Workers, Malaria Surveillance Workers, Vaccinators, Health Education Assistants (Trachoma) and the Family Planning Health Assistants to be replaced by “Male Health Workers”.
- The Programme for having multipurpose workers to be first introduced in areas where malaria is in maintenance phase and smallpox has been controlled, and later to other areas as malaria passes into maintenance phase into maintenance phase or smallpox controlled.
- For proper coverage, there should be one primary health centre for a population of 50,000;

Conti…

- Each primary health centre should be divided into 16 sub-centres each having a population of about 3,000 to 3,500 depending upon topography and means of communications;
- Each sub- centre to be staffed by a team of one male and one female health worker
- There should be a male health supervisor to supervise work of 3 to 4 male health workers; and a female health supervisor to supervise the work of 4 female health workers
- The present-day lady health visitors to be designated as female health supervisors and
- The doctor in charge of a primary health centre should have the overall charge of all the supervisors and health workers in his area.

SHRIVASTAV COMMITTEE, 1975

- The Government of India in the Ministry of Health and Family Planning had in November 1974 set up a ‘Group on Medical Education and Support Manpower’ popularly known as the Shrivastav Committee:

Conti…

The Group submitted its report in April 1975. It recommended immediate action for:

- Creation of bands of para-professional and semi-professional health workers from within the community itself (e.g., school teachers, postmasters, gram sevaks) to provide simple, promotive, preventive and curative health services needed by the community;
- Establishment of 2 cadres of health workers, namely- multipurpose health workers and health assistants between the community level workers and doctors at the PHC;

Conti…

- Development of a ‘Referrral Services Complex’ by establishing proper linkages between the PHC and higher level referral and service centres, viz taluka/tehil, district, regional and medical college hospitals, and
- Establishment of a Medical and Health Education Commission for planning and implementing the reforms needed in health and medical education on the lines of the University Grants Commission.

Conti…

- The committee felt that by the end of the sixth Plan, one male and one female health worker should be available for every 5,000 population. Also, there should be one male and female health assistant for 2 male and 2 female health workers respectively. The health assistants should be located at the sub centre, and not at the PHC.

MEHTA COMMITTEE (1983)

This committee is called as “Medical Education Review Committee.” This committee submitted their recommendations into two parts

SALIENT FEATURES

- Establishment of universities of Medical Sciences, and Health Commission.
- Reveals the lack of availability of health manpower in India.

Conti…

This group was appointed by the planning commission for formulating the 7th Five Year plans

- Involvement of medical colleges in community health problems and in direct delivery of health care services to the rural population
- The entire field of internship training will be spent in upgraded district hospital and primary health centers

Conti…

- 3 primary health centers have to be adopted by each government medical college with all the faculty members of the medical college
- Training in community health takes place in 4 phases. Students have to conduct survey of morbidity, mortality and the prevalence of disease

Conti…

- Supply of mobile clinics and construction of residential quarters, seminar halls at primary health centers
- The medical universities should evaluate the system for giving credit to the students on the basis of programming in “ROME” scheme in rural areas.

Conti…

SALIENT FEATURES

- Restructuring of organizational set-up
- Management reformation
- Decentralized planning
- Establishment of health manpower development bureau
- Setting up of institutional objectives
- Postgraduate training programs for community health managers, and administrators.
- Implication of “Reorientation of Medical Education” scheme selected primary health centers attached to medical colleges.
- Training programs for male and female components especially at the field level.
- Induction training for medical officer’s at the PHC level.
- Continue education/in-service education for all medical and paramedical professionals in health institutions.

BAJAJ COMMITTEE(1986)

- “An expert committee for health manpower planning, production and management” was constitutes by the ministry of health and family welfare” government of India, in1985 under the chairmanship of Dr JS Bajaj, professor at All India Institute of Medical sciences and a member of planning commission. The committee submitted its report in December 1986.

Conti…

SALIENT FEATURES

- Formulation of national health manpower, national medical and health education policy.
- Establishment of an educational commission for health sciences on the lines of UGC.
- Establishment of health science universities in various states and union territories.
- Establishment of health manpower cells in India.
- Vocational group of education at +2 levels in related health fields.
- Carrying out a realistic health manpower survey.

THANK YOU!

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