

Needed, Public health specialists		
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Needed, public health specialists



Dr P.R. Sodani
President
IIHMR University, Jaipur

The public health care infrastructure in rural areas has been developed as a three-tier system consisting of sub, primary health and community health centres, which constitute the main building blocks of India's healthcare delivery system. Over the years, we have been investing in developing this institutional matrix but now we need to get serious about

strengthening its solution-based application. The sub-centre is the most peripheral public health unit in the community. According to the Rural Health Statistics Report, 2019-2020, a total of 1,55,404 sub-centres have been functioning in rural areas as on March 31, 2020. The infrastructure is not very sound at the community level as 40.6% sub-centres are functioning without government building, 28.4% are functioning without appropriate supply of electricity and 14.7% are functioning without regular water supply. In terms of human resources, 14.1 % of the sanctioned posts of health workers (female) and 37% of sanctioned posts of health workers (male) are vacant. The primary health centres are considered as a referral

point for sub-centres. According to the Rural Health Statistics Report, 2019-2020, there are 24,918 primary health centres in rural areas as on March 31, 2020. The infrastructure situation is poor as 20.4% of the primary health centres are functioning without government buildings. However, even after the global experience of the pandemic, it is difficult to see a public health specialist at the community health centres. It is high time governments everywhere take serious policy measures and ensure a public health specialist is available in the rural healthcare ecosystem. There must be a partnership between the Government and the private sector with collaborative efforts on managing health systems effectively.