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The challenges of public health education in India

Impact of U.S. Funding Reduction on Global Public Health

- The U.S. reduction in funding to the World Health Organization (WHO) and USAID has significantly disrupted healthcare services in low- and middle-income countries, where these international agencies have traditionally played a crucial role in supporting healthcare systems.
- These cuts have particularly affected countries that heavily depend on foreign aid for health programs, limiting access to essential healthcare services and resources.
- Although India is less impacted by these funding reductions, as international aid constitutes only 1% of its total health expenditure, the long-term consequences could affect sectors reliant on external support, such as public health development.

Impact on India's Public Health Sector and Education

- India remains largely unaffected in terms of funding because its reliance on international aid is minimal compared to other low- and middle-income countries.
- However, the reduction in foreign aid may reduce support for critical health initiatives, particularly in underserved regions and sectors that depend on international grants for growth and development.
- Public health education, such as Master of Public Health (MPH) programs, might experience a downturn in job prospects and practical opportunities, as funding reductions affect job creation in the public sector.

The Role of Public Health in India

- Public health is a foundational element of healthcare delivery in India, influencing how healthcare services are provided and how the overall well-being of the population is managed.
- According to Article 47 of the Indian Constitution, the government is mandated to improve public health standards, thus placing a legal framework for strengthening healthcare systems across the nation.
- A trained public health workforce is crucial for various sectors, including government agencies, civil society, academic institutions, and research organizations, ensuring a robust and responsive healthcare delivery model.
- The COVID-19 pandemic has underscored the urgent need for skilled public health professionals, highlighting gaps in the healthcare system that must be addressed for future health crises.

Historical Growth of Public Health Education in India

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- Public health education in India has its origins in the colonial period, where the concept of public health was first introduced as part of medical education.
- The establishment of the first specialized public health institution in 1932 marked the beginning of formal public health training, although it was initially integrated with community medicine.
- As public health evolved as a distinct field, many students turned to foreign institutions to pursue MPH courses due to the limited opportunities for specialized training within India.
- The launch of the National Rural Health Mission (NRHM) in 2005 increased the demand for MPH graduates, signaling a shift towards prioritizing public health education and workforce development.
- Today, over 100 institutions in India offer MPH courses, a sharp contrast to the single institution
 offering such courses in 2000. This growth highlights the expanding recognition of public health as a
 vital field.

Challenges in Public Health Education and Employment in India

- Despite the growing number of MPH graduates, there is a significant mismatch between the number of graduates and available job opportunities. This results in fierce competition for a limited number of entry-level public health positions.
- The limited recruitment by government agencies has exacerbated the scarcity of public health jobs, leaving many qualified professionals without employment opportunities in the public sector.
- The private sector, which could offer additional job opportunities, tends to prioritize management roles related to hospital or business administration over roles that focus specifically on public health, further narrowing career prospects.
- As funding from foreign grants decreases, research and development opportunities in public health are becoming scarcer. India is no longer considered a priority country for many international health organizations, which has led to a reduction in the availability of external funding for public health research.
- National funding for public health research in India is still in its nascent stages, and there is a
 pressing need for increased investment in this area to ensure sustainable growth in public health
 practices and innovations.

Quality Concerns in MPH Education

- The rapid expansion of MPH programs in India has raised concerns about the quality of education being provided. Many students enroll in these programs without a clear understanding of the field, which may lead to poor career outcomes.
- The shortage of experienced faculty members, particularly those with practical experience in public health, negatively affects the quality of instruction and the overall learning experience.
- The absence of standardized curricula and regulatory oversight further complicates the situation, as there is no uniform approach to training public health professionals across different institutions.

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• Unlike medical and higher education programs, MPH courses in India are not regulated by national bodies such as the National Medical Commission (NMC) or the University Grants Commission (UGC), which could help in maintaining consistency and quality in public health education.

Proposed Solutions to Strengthen Public Health Education and Employment

- To address the growing gap between public health education and job opportunities, the government should focus on creating more public health jobs at various levels of healthcare delivery, including in rural and underserved areas.
- Establishing a dedicated public health cadre within State governments could help create more specialized roles and improve the efficiency of health systems, leading to better employment prospects for public health professionals.
- A specialized regulatory body should be established to set curriculum standards, training requirements, and quality benchmarks for MPH programs across the country, ensuring consistency and quality in public health education.
- Public health education should move beyond theoretical training by integrating practical learning experiences within existing healthcare systems, allowing students to gain hands-on experience in real-world healthcare settings.
- Additional institutions and training facilities should be developed in states with limited or no access to public health education, promoting regional diversity and creating more local opportunities for students.
- National efforts should prioritize building strong, self-sustaining public health ecosystems in local communities, focusing on training, employment, and research, to ensure that public health systems remain resilient and capable of meeting future health challenges.

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