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EVALUATION OF NATIONAL HEALTH PROGRAMMES OF INDIA: AN ANALYSIS

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Abstract: Background: The study aims to describe the evaluation pattern of the national health programmes in India to comprehend their effectiveness, efficiency, and public health impact.

Methods: Employing a comprehensive methodology, the study utilizes online databases to collect evaluation reports on key national health programs, categorizing them into communicable and non-communicable diseases to address India's dual health burden. Examining programs such as the National Tuberculosis Elimination Programme, National AIDS Control Programme, National Mental Health Programme, and the National Programme for Health Care of the Elderly, the article provides insights into the type, frequency, and organizations involved in program assessment.

Results: While communicable disease programs undergo periodic evaluations with real-time data collection, non-communicable disease programs, especially the National Mental Health Programme and National Programme for Health Care of the Elderly, reveal gaps in comprehensive evaluations. The discussion highlights disparities in evaluation depth between communicable and non-communicable disease programs, emphasizing the need for consistent assessments. Despite commendable progress in communicable disease programs, significant gaps persist in evaluating non-communicable disease initiatives.

Conclusion: The study concludes that periodic evaluations are indispensable for identifying strengths, weaknesses, and areas for improvement. Advocating for sustained, inclusive evaluations, the article calls for evidence-based changes to enhance healthcare delivery, particularly

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addressing mental health and geriatric care challenges in India.

Keywords: communicable disease, non-communicable disease, tuberculosis, HIV/AIDS, Elderly health, mental health

Introduction

In the early phases of healthcare delivery, programmes were frequently given simple and descriptive names that represented their principal goals. Healthcare programmes have changed substantially, reflecting changes in medical standards, public perception, and the larger socioeconomic context. The development of these designations may be attributed to a few of the many reasons, including advances in medical comprehension, changes in healthcare delivery paradigms, and the need for adequate awareness and health promotion measures. These programs aim to treat specific health conditions, enhance overall population healthcare delivery, and contribute to the broader evidence base regarding specific issues and experiences [1]. Evaluation of national health programs is the systematic collection and interpretation of data at regular intervals, such as every one to three years, to examine programs' effectiveness and efficiency. Further, it examines the utilization, quality assurance, and management of the programme. In addition, the evaluation also provides information about how services are used, assists in the ongoing improvement and refinement of program content, and provides informed cost-benefit analysis, program management, etc [2].

Evaluation of the programmes and their outcomes is essential for policymakers and healthcare professionals to get valuable insights into the success of these programmes, identify the gaps and areas for improvement, and make educated decisions for future healthcare planning [3]. Evaluation reports are important documents that help decision-makers at the national and state levels with health sector reforms, and it is imperative to find out the types and patterns of evaluation of national health programme [4]. Several evaluation designs and frameworks assess health promotion and disease prevention programs. Each design and framework uses different approaches for assessment, data collection, and measurement. The frameworks used for rural health promotion and disease prevention program evaluations include formative, process, outcome, and impact evaluation [5].

The landscape of national health programs in India has undergone dynamic changes, shaped by advancements in medicine, societal shifts, and economic contexts. According to the "Global Burden of Diseases Study,

2019", among the top ten causes of death and disability (DALYs) in India, non-communicable diseases are on the rise. Also, communicable diseases like neonatal disorders, diarrhoeal diseases, lower respiratory tract infections, and tuberculosis contribute significantly to the top 10 causes of DALYs [6]. Tuberculosis has the highest burden in India and more than 1/5th of the global disease burden, i.e., with an incidence of 1.98 million out of 9.4 million new cases annually, with more than 40% of the population infected (prevalence of infection) with Mycobacterium tuberculosis [7]. The community-based programmatic management of drug-resistant TB (cPMDT) programme in Bangladesh appears to be programmatically feasible and clinically effective; however, inadequate monitoring of adverse events raises some concerns [8]. Another study showed low rates of resistance to rifampicin, isoniazid, and fluoroquinolones maintained over the two decades, indicating excellent TB programme performance. Similarly, for Myanmar, public-private partnership has helped tackle the problem of TB effectively [9].

Even mental health disorders have a high prevalence, impacting a considerable proportion of the population. WHO estimates that the burden of mental health problems in India is 2443 disability-adjusted life years (DALYs) per 100000 population. About 197 million persons, roughly one in seven Indians, suffered from mental disorders of varying severity in 2017. These include depression, anxiety, schizophrenia, bipolar disorders, idiopathic developmental, intellectual disability, conduct disorders, and autism [7]. India also accounts for 8.6% of the elderly population, catering to the world's second-largest elderly population, and is expected to double by 2050 and overtake the number of children in the country [10,11]. This is mainly the vulnerable section of society and needs extra care in terms of health, which makes any programme related to them of utmost importance.

Currently, India is facing a double burden of diseases, with communicable diseases being a concern on one side and non-communicable diseases rising on the other. These groups present different challenges for their control, hence the evaluation strategies. However, the literature review regarding the availability of periodic evaluation reports for many national health programs is sparse. Therefore, the study aims to describe the evaluation pattern of the national health programmes in India to comprehend their effectiveness, efficiency, and public health impact.

Methodology

The study design is based on the published evaluation reports available on the website. Health programmes were studied in two groups: communicable

and non-communicable disease programmes. Using several data sources, the evaluation report of India's national health initiatives includes information on the many health programmes established by the Government of India. The programmes discussed are of national health importance. The communicable and non-communicable disease programs considered for the analysis are the National Tuberculosis Elimination Programme, National AIDS Control Programme, National Mental Health Programme, and National Programme for Health Care of the Elderly. Further, the analysis was focused on the pattern of the evaluation of National Health Programmes, as it is important to adapt the methodology to the specific context, objectives, and available resources of the health program being evaluated.

A comprehensive search was performed across various electronic databases, including PubMed, Google Scholar, Scopus, Research Gate, and PLOS One. The search was conducted using specific keywords and their combinations, such as "Evaluation," "National Tuberculosis Elimination Programme," "National AIDS Control Programme," "National Mental Health Programme," "National Program for the Healthcare of the Elderly," and "India." The keywords were aligned with Medical Subject Headings (MeSH) to ensure comprehensive coverage of relevant articles. The search results from electronic databases were imported into reference management software to eliminate duplicates. Subsequently, the titles and abstracts of the remaining articles were screened to assess their relevance to the study's objective. Full-text articles were then obtained for the eligible studies, which were further evaluated for inclusion in the review article. It's important to note that the article does not claim to be exhaustive; instead, its purpose is to shed light on the evaluation strategy and policy perspective concerning national programs in the context of India.

Result

Data reflects the evaluation of the national health programmes on type of evaluation, year of evaluation, organizations that carried out the evaluation, and the states considered for evaluation (study area). In addition, it describes the programme objectives, initiation of the programme, and target achieved by the programme.

Communicable Diseases

The RNTCP was initiated in 1997 and was assessed at a periodic interval of 3 years (2000, 2003, 2006, 2009) by the ICMR in Chennai across various states. The program's impact was then determined using real-time data collected

concurrently. Several research projects pertaining to biosocial correlates and treatment outcomes of registered cases [12] and the positive impact of sensitization on compliance rates by training the DOTS providers [13]; are established in specific states to evaluate programme execution. Regular monitoring and inbuilt process evaluations of the program shows that the paraogramme is able to achieve the target, Table-1.

The NACP IV was started in 2012 and assessed by the Indian Institute of Public Administration (IIPA) in several states to determine if the programme met its objectives and review the policy, strategy, action plan development process of NACP at national, state & district levels. It shows that the new HIV infections declined by 37%, and deaths declined by 66%, Table 1. The data was then collected in real-time on a regular basis to evaluate the programme. The research studies undertaken in certain states to determine the program's performance, linking high level awareness to prevention and adequate treatment [14].

Non-communicable Disease

Similarly, the National Mental Health Programme was launched in 1982. The programme was evaluated in 2016 by the NIMHANS, Bengaluru, in a few states to scrutinize the program's accomplishments. The possibility of early detection and treatment of patients within the community has been enhanced in all the districts where the program is being implemented Table 1. In addition, a research study directed at specific states to obtain the program's execution mainly to assess the functioning of DMHP objectively under NMHP [15]. Small area-specific reports are available, but the pan-India review of programming reports is sparse.

The NPHCE programme was implemented in 2010 in India in 19 states. Some studies have pointed out the benefits of linking NPHCE with the NMHP [16], but a complete evaluation of NPHCE has not been done until now. Both mental health conditions and the increasing population in the older age group are pressing concerns in India.

Discussion

This research is primarily concerned with the evaluation of communicable and non-communicable disease programmes, specifically the National Tuberculosis Elimination Programme, National AIDS Control Programme, National Mental Health Programme, and National Programme for Health Care of the Elderly. There have been several gaps in programme assessment, with inconsistent

evaluations. Findings report that communicable illnesses such as tuberculosis and HIV/AIDS have real-time data, allowing contemporaneous evaluation to reduce disease burden. The data shows that there have been regular evaluations for NTEP conducted by ICMR at periodic intervals of 3 years, starting from 2000. Various research studies have also been done in the same regard. For example, the WHO Southeast Asia (SEA) Region is home to 26% of the world's population with a 43% burden of TB incidence [17]. Six countries with a high global TB burden are in the SEA Region: Bangladesh, the Democratic People's Republic of Korea, India, Indonesia, Myanmar, and Thailand [8]. For NACP also, evaluations have been done which show a successful implementation programme as the incidence rate and the HIV/AIDS burden have been reduced in the country. The reason for the periodic evaluation of communicable diseases is that the impact of the disease is very high in terms of physical, mental, social, and economic, and therefore, it is prioritized to address it in a systematic way. India ranks fairly well with respect to its Southeast Asian counterparts in the domain of TB elimination.

On the other hand, national programmes such as the National Mental Health Programme and National Programme for Health Care of the Elderly demonstrate gaps in programme assessment or no evaluation of the programme, respectively. The non-communicable diseases programme evaluations, NMHP being evaluated only once, and NPHCE has not been evaluated until now. On the contrary, non-communicable diseases are not a threat to human society and are placed on the lower ladder, and evaluation is not conducted systematically. For non-communicable disease programmes, there is a long way to go. Despite commendable progress in communicable disease programs, significant gaps persist in evaluating non-communicable disease initiatives.

One of the major limitations was that the study's data was gathered from several evaluation reports and research papers available on an open platform, and we presume that the review is not comprehensive as the study reports and outcome of the research are not widely disseminated. If evaluations are conducted for these programs, and the full report and articles are not available in the open platform, they are not included and are a limitation.

Conclusion

Evaluations uncover programme implementation's strengths, flaws, and gaps, and an understanding of what works and what does not. It allows the programmes to be improved to reach disadvantaged communities and handle developing concerns, allowing for targeted changes. Evaluation provides a

Table 1: Evaluation of the national health programmes

Health Programme	*Objective of the programme*	*Implemented (Year)*	*Type of evaluation*	*Year of Evaluation*	*Organisation*	*Target achieved*
RNTCP (Revised National Tuberculosis Control Program)	To achieve & maintain a cure rate of at least 85% among newly detected smear positive pulmonary TB cases. To achieve & maintain detection of at least 70% of such cases in the population	1997	Process, outcome & impact evaluation	2000, 2003, 2006, 2009	ICMR, Chennai	Regular monitoring and inbuilt process evaluations helped the program implementation.
NACP IV (National AIDS Control Program)	To review the policy, strategy, action plan development process of NACP at national, state & district level	2012	Process evaluation	2020	Indian Institute of Public Administration (IIPA)	In 2019, new HIV infections declined by 37%, and deaths declined by 66%.
NMHP (National mental health program)	To provide sustainable mental health services to the community and to integrate these services with other services.	1982	Impact evaluation	2015-16	NIMHANS, Bengaluru, MoHFW	The possibility of early detection and treatment of patients within the community has been enhanced in all the districts where the program is being implemented.
NPHCE (National Program for Health Care of the Elderly)	To identify health problems in the elderly and provide appropriate health interventions in the community with a strong referral backup support.	2010-11	Not conducted	Not conducted	Not conducted	Implemented in 19 states. The evaluation has not been conducted.

chance to achieve the programme's goals and objectives, attracts donors and supportive stakeholders, and enhances the programme systems operations and services provision. This analysis points out a limited evaluation of national health programmes on non-communicable diseases, specifically pertaining to NMHP and NPHCE. The discussion highlights disparities in evaluation depth between communicable and non-communicable disease programs, emphasizing the need for consistent assessments. Both mental health conditions and the increasing population in the older age group are pressing concerns in India. It is recommended that periodic evaluation is an essential component of any national programme, which helps make evidence-based changes that result in better outcomes and improved health care delivery.

Conflict of Interest: None

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