Public Health Policy and Advocacy: A Management Perspective

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KEYWORDS	ABSTRACT
Public Health, Health Policy, Public health management	The division of authority and accountability between the federal government and the states is one of the public health governance system's most significant advantages and concurrent problems. The policy management suggests that the best course of action is to develop institutional frameworks for consultative decision-making, allocate resources in an equitable manner, and implement policies in a coordinated manner. The proposed methods include improved fiduciary risk management, capacity building, technical support for state-specific strategic plans, active local self-government engagement, and community-based health output monitoring. The idea put forth in this paper is that HR rules, which are centred around the requirement that individuals with a background in public health management hold high positions in the field, should be tightened.

1. Introduction

Human health is a complex combination of ecological, social-cultural, economic, and institutional elements that affect our environment and long-term sustainability. Its significance is assessed after a thorough evaluation of several health models [3]. The proposed paradigm for understanding population health involves integrating determinant qualities and causality degrees. Traditional distinctions between social-cultural, economic, environmental, and institutional factors will be used to differentiate between health determinants, each functioning at different levels of causality due to their positions in the causal chain. [2].

Proximal and distal causes both contribute to the sequence of events that lead to a specific health outcome; proximal factors directly cause sickness or health improvements, whereas distal determinants are further back in the causal chain and act via intermediary causes [1]. Furthermore, contextual determinants are separated [11]. These are the macro-level factors that influence the proximal and distal health determinants; they provide the framework within which the proximal and distal factors function and evolve [12]. Additional study of the selected health models and a thorough examination of the literature were then used to generate a full overview of the health determinants that may be integrated into this framework [15]. In this instance, section 1 of the article examines the introduction, and section 2 examines the relevant literature. The purpose of the work is explained in Sections 3 and 4, and the project is concluded in Section 5.

Public Health Approachs

In contrast to the clinical method, which focuses on the diagnoses and treatments of sickness in individuals, the public health approach includes:

1) Defining and assessing the problem,

2) Identifying the source or risk factors,

3) Developing prevention or mitigation methods,

4) Implementing effective techniques and evaluating their impact.

The public health method begins with an issue and concludes with a fix or action. Public health, as was previously mentioned, shapes the environment in which individuals and communities can live safely and healthily. You could have observed from the talks above that public health professionals employ several strategies for this reason [4]. First of all, it employs a population-based strategy, wherein social groups or the greater community are designated as the "target/audience." The practice of actively monitoring communities for trends in illnesses and medical disorders is known as active surveillance.

For instance, active surveillance was employed during the COVID-19 pandemic with the assistance of community networks and the health service system.Medical policing occasionally refers to a strategy that restricts personal freedoms in an effort to maintain public health. One type of medical policing is when tobacco use is outlawed in public areas. Public health reaches out to vulnerable communities and promotes fairness for all through a social justice lens. The three main roles that public health plays are:

1) Assessment;

2) Policy management and

3) Assurance.

Given this, public health specialists supply the essential services (see table below). According to research, the profession of public health encompasses three domains: health protection, health improvement, and health service improvement.

Table 1 Public health care policy management

Assessment

• Monitoring for disease/injury.
• Tracking trends, analyzing causes, and identifying requirements.
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Policy Development

• Train and inspire individuals on health issues.
• Encourage community collaboration and action to address wellness issues.
• Create comprehensive public health policies and plans to support individual and community health initiatives.
• Encourage science-based decision-making.
• Create and implement a strategic approach.
Assurance

• Enforce rules and regulations to safeguard health and safety.
• \tAssist individuals in accessing necessary health services, including those that may not be available otherwise.
• Ensure skilled health workforce.
• Assess the effectiveness, accessibility, and quality of personal and population-based healthcare services.

Conceptual Model Forthe Public Health Management In The Present Era.

To guarantee access to basic healthcare facilities, there must be a sufficient infrastructure for health. In a market approach, where private financing allows people to purchase more or better services, health care access can be seen as a consumer's ability to pay. Alternatively, it can be seen as a citizen's right, regardless of wealth or earnings, indicating broad or nearly universal access to health care for all citizens. Equity and accessibility in healthcare are significantly impacted by the composition and ratio of different funding sources for health care systems [13]. The evolution of contemporary national health policy and health care systems has been largely influenced by the World Health Organisation [5]. To protect and improve the population's health, these systems should provide health care through the use of sickness prevention, diagnostic, and treatment services.
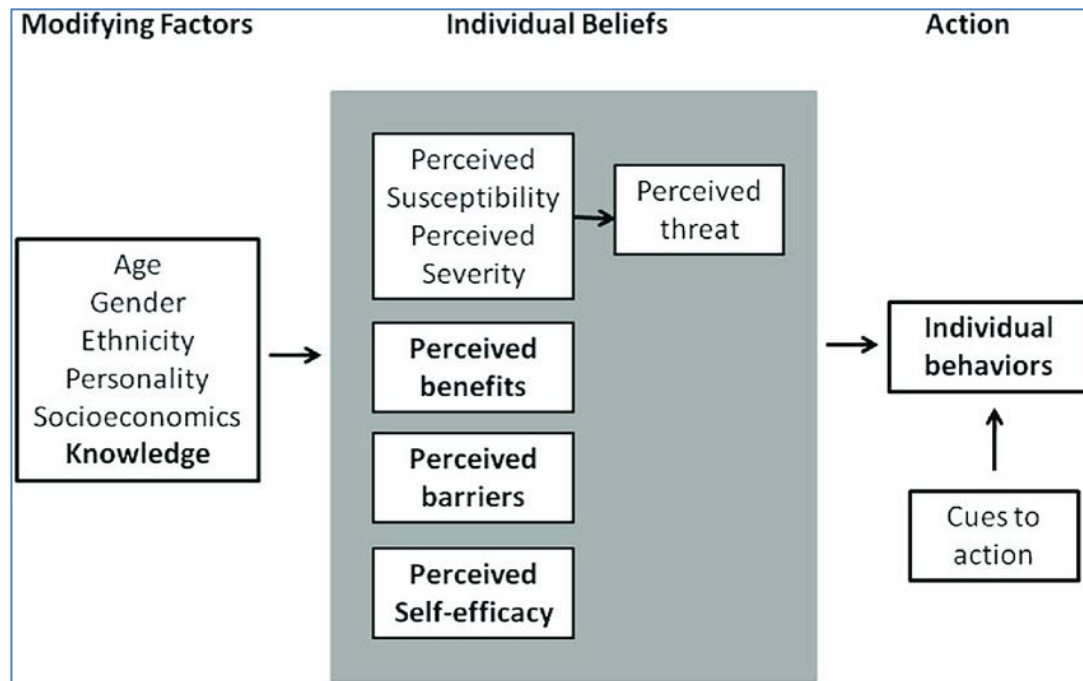
Figure 1:Conceptual model for the public health management

Facilities and personnel make up the parameters of the health delivery system. Other parameters include number, volume, size, distribution, location, organization, preferences, prejudices, price, and quality. The second component is made up of the characteristics of possible consumers (individuals and communities), encompassing number, distribution, location, effective demand, need for service, ability to obtain service, preferences, prejudices, attitudes, and values. Potential users generate the use of realized access, whether it be aspatial or spatial, whereas the health delivery system generates the possibility of potential access (physical or virtual). [6]. Both of these qualities are related to barriers or facilitators that are either spatial or aspatial. The most common definition of aspatial access is the various patterns of availability and use of health care resources among various population groups as a consequence of social, cultural, political, psychological, and economic limitations. Spatial access is the term used to describe the geographic representation of the relative availability and utilization of health services [14]. Potential access is available and realised access is used, resulting in current spatial pattern, aspatial pattern, degree, or level that generates future health factors that are either adequate or satisfactory or insufficient, which can lead to success or failure in terms of health [7]. transcend far beyond health care and encompass a wide range of factors, from individual incomes, dietary preferences, and lifestyle choices to the work environment and epidemiological environment on the one hand. On the other hand, we must look far beyond the provision and delivery of health care in order to gain a sufficient understanding of health achievement and capability.

Health Related Policies

The 1983 and 2002 National Health Policies have served as a useful roadmap for the health sector's strategy in the Five-Year Plans. In the fourteen years since the last health policy, the context has undergone four major shifts. First, there is a shift in health priorities. The burden of noncommunicable diseases and certain infectious diseases is rising, despite a substantial decline in mother and child mortality. Second, there has been a substantial development in the health care industry, which is expected to increase at a double-digit rate. Third, there is a shift toward more frequent catastrophic spending caused by health care prices, which are currently considered to be one of the primary drivers of poverty. Fourth, it becomes conceivable with higher economic growth. As a result, a new health policy that takes these contextual changes into consideration must be created. The 2017 National Health Policy seeks to prioritize, clarify, and enlighten citizens about the government's involvement in forming health systems in all of its facets [8]. These include financial investments in health, the structuring of healthcare services, the promotion and prevention of disease through cross-sectoral initiatives,

technology accessibility, the development of human resources, the encouragement of medical pluralism, the creation of knowledge, enhanced financial protection tactics, regulation, and health. Ensuring optimal health and wellness for all individuals, irrespective of age, is the aim of the strategy. To this purpose, everyone should have universal access to high-quality healthcare services without facing financial hardship, and all developmental programs should have a preventative and promotional health care orientation [9]. Reducing the cost of healthcare delivery, expanding access, and improving quality would all help achieve this. The policy recognizes that the Sustainable Development Goals (SDGs) are important. [10].
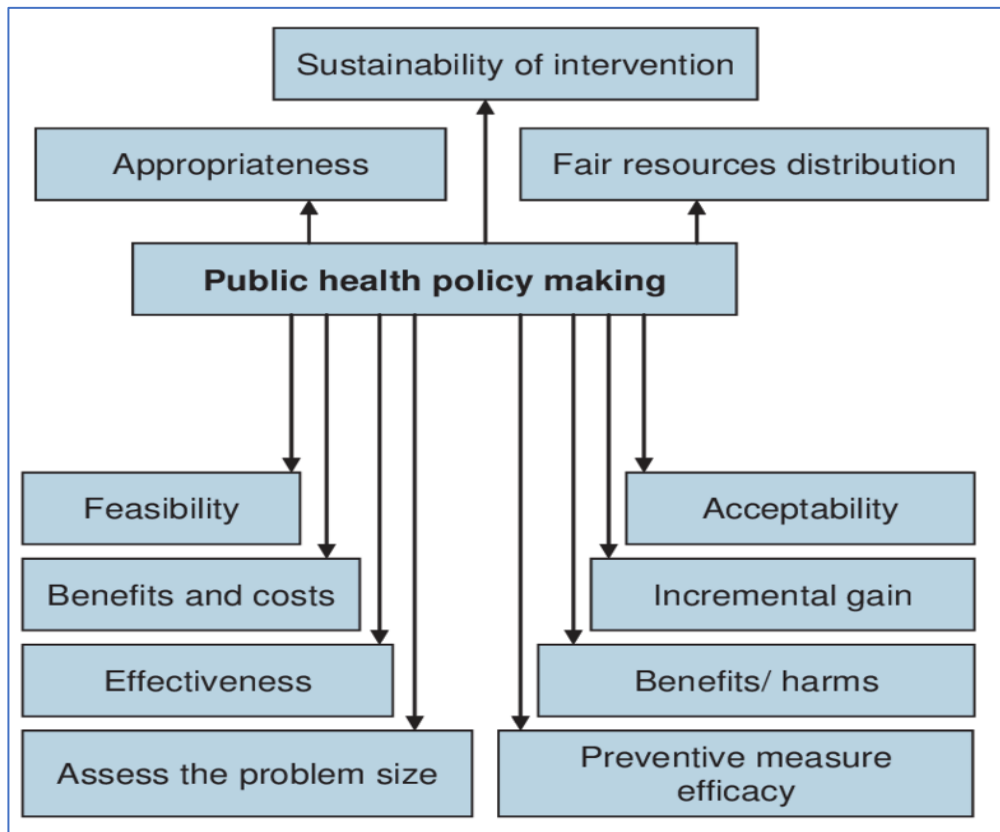

Figure 2: Health related policy making

Increase the availability of quality-focused preventative, promotive, curative, palliative, and rehabilitative services through the public health sector and improve health status through coordinated policy action across all sectors. [16].

2. Conclusion and future scope

By giving local bodies more of a role and encouraging their engagement, the policy would encourage community monitoring, programme evaluations, and the establishment of grievance redressal procedures, all of which would strengthen the health system's responsibility on both a horizontal and vertical level. As a result, the health system's management, administrative, and general governance structure need to be completely revised. Furthermore, clear definitions of the responsibilities and liabilities of providers, insurers, clients, regulators, and the government are essential to upholding the right to health. The policy acknowledges the need to move towards a rights-based approach to healthcare and supports it, but it also recognises that certain financial and infrastructural thresholds must be met in order to create an environment that allows the poorest of the poor to benefit the most and stay out of trouble with the law. Therefore, the policy calls for a gradually incremental assurance-

based strategy with guaranteed funding in order to create an environment that would eventually allow for the realization of health care as a right.

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