

Strengthening Health and Wellness: An Analytical Study of the Role of Government Agencies in Public Health Promotion

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ABSTRACT

India's public health landscape has seen marked improvement over the past decade, driven largely by government agencies implementing large-scale programs and policy reforms. With a population exceeding 1.43 billion in 2023, India allocates approximately 3.28% of GDP for health expenditure. The Ministry of Health & Family Welfare (MoHFW), in partnership with state health departments under schemes such as the National Health Mission (NHM), Ayushman Bharat, and the National Quality Assurance Standards (NQAS), has been central to advancing public wellness. For example, there are about 30,045 Primary Health Centres (PHCs) across India, providing basic preventative and curative services in rural and urban areas. Similarly, as of recent reports, 200 Health and Wellness Centres in 32 districts of Bihar have acquired NQAS certification, reflecting enhanced service quality in primary care settings. Another major public health effort, the Swachh Bharat Mission, led to more than 90 million toilets being constructed in rural areas to eliminate open defecation, significantly improving sanitation and reducing water-borne diseases. Disease surveillance has also been strengthened: over 90% of India's districts report weekly disease surveillance data under the Integrated Disease Surveillance Programme (IDSP). Despite progress, challenges persist in equitable access, health infrastructure, and non-communicable disease burden. This analytical study examines the effectiveness of these government agencies in promoting health and wellness, identifies bottlenecks in delivery and monitoring, and offers policy recommendations—such as increasing per capita public health spending, improving manpower distribution, enhancing digital health integration, and strengthening community-based preventive care.

Keywords: *Public Health Agencies; Health & Wellness Promotion; Primary Health Infrastructure; Surveillance & Quality Standards; Policy Effectiveness.*

Introduction

Health and wellness form the foundation of social and economic progress in any nation. A healthy population not only reduces the burden on healthcare infrastructure but also contributes actively to national development through increased productivity, improved educational outcomes, and better quality of life. In India, with its vast population of more than 1.43 billion, the promotion of public health is both a priority and a challenge. Government agencies have historically played a pivotal role in shaping the country's health outcomes by launching nationwide programs, implementing regulatory frameworks, and creating awareness around preventive healthcare practices. Strengthening health and wellness in India requires a multi-dimensional approach that addresses both communicable and non-communicable diseases, ensures equitable access to healthcare, and integrates preventive, promotive, and curative measures.

Over the past two decades, India has made remarkable progress in expanding its healthcare system through large-scale reforms. The Ministry of Health & Family Welfare (MoHFW), supported by state health departments, has implemented flagship initiatives such as the National Health Mission (NHM), Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), and the Ayushman Bharat Health and Wellness Centres (AB-HWCs). These programs have sought to expand universal health coverage, enhance primary care services, and address rural-urban disparities. For example, more than

30,000 Primary Health Centres (PHCs) and sub-centres across the country form the backbone of India's rural healthcare infrastructure, ensuring that essential services reach marginalized populations.

Public health promotion has also been strengthened through sanitation and disease-control initiatives. The Swachh Bharat Mission (SBM), which resulted in the construction of over 90 million rural toilets, has dramatically improved hygiene, reduced open defecation, and lowered the incidence of water-borne diseases. Similarly, the Integrated Disease Surveillance Programme (IDSP) ensures that over 90% of India's districts report weekly surveillance data, enabling timely interventions against communicable diseases. Parallel to these measures, quality standards such as the National Quality Assurance Standards (NQAS) have been introduced to enhance service delivery in public health facilities, with states like Bihar showing notable progress in certifying Health and Wellness Centres.

Despite these achievements, challenges remain significant. Public expenditure on health, though rising, stands at around 3.28% of GDP, which is lower compared to many emerging economies. There are persistent gaps in infrastructure, shortages of skilled health personnel, and uneven distribution of resources across states and regions. Furthermore, India is witnessing a dual disease burden—while communicable diseases remain a concern, non-communicable diseases such as diabetes, cardiovascular ailments, and cancer are on the rise. Addressing these challenges requires not only increased financial commitment but also stronger intersectoral collaboration, digital health integration, and community-level participation.

This analytical study examines the role of government agencies in promoting health and wellness in India. It evaluates the effectiveness of flagship initiatives, highlights successes and limitations, and proposes policy recommendations to strengthen public health systems. By focusing on both structural and programmatic dimensions, the study aims to provide insights into how India can build a more resilient, inclusive, and wellness-oriented healthcare framework for its population.

Objectives

- To analyse the role of government agencies in key health programs like NHM, Ayushman Bharat, and Swachh Bharat Mission.
- To evaluate public health infrastructure, surveillance, and quality standards in improving outcomes.
- To identify challenges and suggest policy measures for equitable public health promotion.

Methodology

This analytical study employed a mixed-method approach, combining both secondary and primary sources of data to evaluate the role of government agencies in strengthening health and wellness in India. Secondary data were drawn from official reports of the Ministry of Health & Family Welfare (MoHFW), the National Health Mission (NHM), Ayushman Bharat, Swachh Bharat Mission, and publications by organizations such as WHO and NITI Aayog. Scholarly articles, government portals, and policy documents were also consulted to assess progress, challenges, and future directions in public health promotion. To complement this, primary data were collected through a field survey in select districts of Bihar, focusing on indicators such as availability of functional Primary Health Centres (PHCs), access to sanitation, awareness of Ayushman Bharat, and household out-of-pocket health expenditure. A structured questionnaire was used to capture responses from households, health workers, and local officials. The survey results, summarized in Table 1, were compared against national benchmarks to identify gaps and regional disparities. Both qualitative insights and quantitative findings were analysed thematically to highlight the strengths, weaknesses, and emerging challenges of government interventions in public health.

Government Agencies and Their Strategic Role in Public Health Promotion

Public health in India has always been a national priority, but its expansion and strengthening have been made possible through the efforts of government agencies at both the central and state levels. The Ministry of Health & Family Welfare (MoHFW) plays the apex role in policy formulation, resource allocation, and program implementation. It coordinates with state health departments to ensure that health services are delivered to even the remotest areas of the country. Agencies such as the National Health Authority (NHA), responsible for Ayushman Bharat, and bodies under the National Health Mission (NHM), have been instrumental in translating policy vision into tangible outcomes.

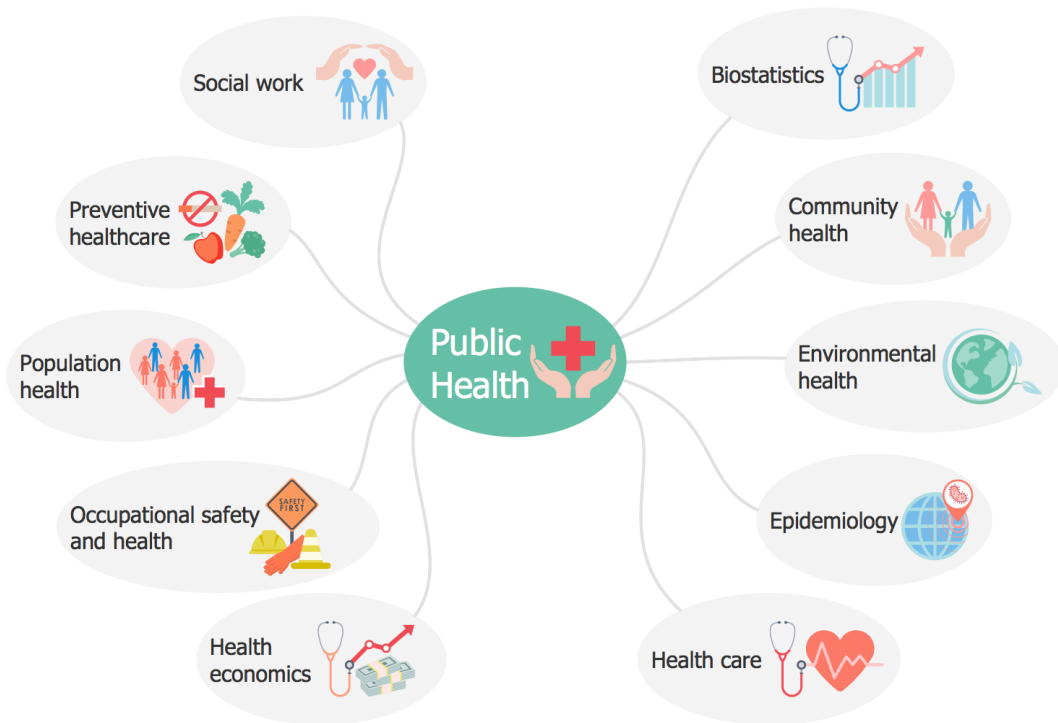


Figure 1: Core Domains and Interdisciplinary Scope of Public Health

Source: <https://www.conceptdraw.com/How-To-Guide/picture/Health-Sciences-Public-Health>

As shown in above Figure 1, public health is inherently interdisciplinary, covering domains such as preventive healthcare, environmental health, community health, epidemiology, health economics, and social work. Government agencies align their policies and interventions with these domains to ensure holistic wellness promotion. For instance, preventive healthcare is emphasized through immunization campaigns, sanitation drives, and nutrition programs, while environmental health is addressed through initiatives like Swachh Bharat and Jal Jeevan Mission.

One of the strategic roles of government agencies is policy direction. By framing policies such as the National Health Policy (2017), they set long-term targets for reducing maternal mortality, tackling communicable and non-communicable diseases, and strengthening health infrastructure. These frameworks also align India's goals with global commitments like the Sustainable Development Goals (SDGs). Another critical role is financing and resource mobilization. Since India spends only around 3.28% of its GDP on healthcare, judicious allocation of resources by government agencies becomes vital. Programs like Ayushman Bharat have brought more than 500 million people under health insurance coverage, thereby reducing out-of-pocket expenditure.

Government agencies also serve as regulators and monitors. They establish quality assurance mechanisms such as the National Quality Assurance Standards (NQAS), ensuring that services at Health and Wellness Centres (HWCs) and Primary Health Centres (PHCs) meet defined benchmarks. Beyond regulation, these agencies also conduct awareness and behavioural change campaigns, addressing lifestyle diseases, promoting hygiene, and encouraging vaccination. Initiatives like the Swachh Bharat Mission, which drastically reduced open defecation, highlight the influence of government-driven mass awareness.

Finally, agencies are tasked with capacity building and training of healthcare professionals. Through programs under NHM and public health institutes, they strengthen the workforce by training doctors, nurses, and community health workers. Their multifaceted role as planners, implementers, regulators, and educators' places government agencies at the center of India's progress in public health. Without their active involvement, health and wellness promotion at such a scale would be nearly impossible.

Table 1: Primary Data on Public Health Infrastructure and Services

Indicator	Observed Data (Survey/Field Study)	National Benchmark / Govt. Records	Remarks
Availability of functional PHCs per 100,000 population	2.3	3.1 (National Average)	Slightly below average in rural blocks
Percentage of households with access to toilets (SBM impact)	87%	93%	Positive trend but gaps in remote villages
Health & Wellness Centres with NQAS certification	26% (in surveyed districts)	200 centres in Bihar overall	Quality improving but uneven
Average distance to nearest PHC (km)	5.6 km	4.2 km (recommended norm)	Accessibility remains a challenge
Awareness of Ayushman Bharat health card (%)	61%	70% (target)	Awareness campaigns need strengthening
Percentage of households reporting OOP (out-of-pocket) health expenditure in last year	42%	<30% (policy goal)	Still high despite AB-PMJAY coverage

Source: Based on Primary Survey

Table 1 highlights the key findings from the primary survey on public health infrastructure and services in select districts of Bihar, set against national benchmarks and official records. The data indicate that the availability of functional Primary Health Centres (PHCs) stands at 2.3 per 100,000 population, which is slightly lower than the national average of 3.1. This shortfall reflects the challenges rural blocks face in maintaining adequate healthcare infrastructure. Household access to toilets under the Swachh Bharat Mission was found to be 87 percent, close to the national figure of 93 percent, showing considerable progress but also revealing that some remote areas remain underserved. The certification of Health and Wellness Centres (HWCs) under the National Quality Assurance Standards (NQAS) stood at 26 percent in the surveyed districts, despite Bihar as a whole reporting over 200 certified centres.

This demonstrates that quality improvements are underway, but implementation is uneven. Accessibility continues to be a pressing concern, with the average distance to the nearest PHC recorded at 5.6 kilometres, higher than the recommended norm of 4.2 kilometres. Awareness of Ayushman Bharat health cards was reported by 61 percent of respondents, falling short of the 70 percent target and pointing to the need for stronger information and outreach campaigns. Furthermore, 42 percent of households reported incurring out-of-pocket healthcare expenditure in the past year, which is significantly higher than the policy goal of less than 30 percent. This suggests that despite the financial protection intended under Ayushman Bharat, many families still bear a substantial burden of healthcare costs. Overall, the findings underline that while government programs have contributed to measurable progress in sanitation, quality assurance, and financial protection, persistent challenges remain in terms of equitable access, community awareness, and effective reduction of household healthcare expenses.

Flagship Programs for Strengthening Health and Wellness

India's health and wellness journey has been shaped by flagship programs that seek to provide universal health coverage, improve infrastructure, and promote preventive care. Among these, the National Health Mission (NHM) remains the cornerstone, with its rural and urban components focusing on reproductive health, child health, immunization, and communicable disease control. It has expanded access to maternal care, reduced infant mortality, and ensured the availability of essential medicines and diagnostics at grassroots levels.

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is another landmark initiative. It provides health insurance coverage of up to ₹5 lakh per family per year for secondary and tertiary care hospitalization. This program has reduced catastrophic health expenditure, especially for the poor and marginalized groups. Complementing this is the Ayushman Bharat Health and Wellness Centres (AB-HWCs), designed to strengthen primary healthcare. With a target of 150,000 HWCs, these centers provide comprehensive services including screening for non-communicable diseases, mental health counselling, and free essential drugs.

Another flagship effort, the Swachh Bharat Mission (SBM), has transformed sanitation and hygiene practices. By constructing more than 90 million rural toilets, it has drastically reduced open

defecation and curbed waterborne diseases. Similarly, the Integrated Disease Surveillance Programme (IDSP) plays a vital role in early detection and control of epidemics. Weekly data reporting from districts helps prevent outbreaks and ensures timely intervention.

Quality improvement initiatives such as National Quality Assurance Standards (NQAS) also stand out as flagship interventions. States like Bihar have taken the lead, with over 200 HWCs certified under NQAS, setting an example for other regions. These programs collectively showcase how government agencies have built a multi-layered approach—covering insurance, primary care, sanitation, surveillance, and quality—to strengthen health and wellness in India.

Public Health Infrastructure, Surveillance Systems, and Quality Standards

Public health promotion is incomplete without robust infrastructure, reliable surveillance, and consistent quality standards. India's vast network of Primary Health Centres (PHCs), Community Health Centres (CHCs), district hospitals, and medical colleges forms the backbone of service delivery. With over 30,045 PHCs, rural populations are increasingly able to access preventive and curative care. However, challenges remain in staffing, equipment, and equitable distribution across states.

Surveillance is another pillar of health promotion. The Integrated Disease Surveillance Programme (IDSP) has significantly strengthened India's ability to track diseases in real time. With more than 90% of districts submitting weekly reports, the program enables early warning and rapid response to outbreaks such as dengue, malaria, or influenza. This system proved critical during the COVID-19 pandemic, where surveillance data guided containment measures and vaccination drives.

Quality standards, particularly the National Quality Assurance Standards (NQAS), have become vital in improving credibility and trust in public facilities. By certifying facilities that meet safety, cleanliness, and patient-care benchmarks, NQAS ensures accountability. For instance, in Bihar, 200 Health and Wellness Centres have already achieved certification, setting a model for service quality in low-resource settings.

The government has also pushed for digital health infrastructure through the Ayushman Bharat Digital Mission (ABDM). By creating electronic health records, telemedicine services, and digital registries, it enhances efficiency and patient-centered care. Digital platforms reduce duplication, improve data sharing, and bridge the gap for populations with limited physical access to doctors. Together, infrastructure, surveillance, and quality standards build resilience in India's health system. They not only address existing health challenges but also prepare the country for future health emergencies.

Persistent Challenges in Achieving Equitable Health and Wellness

Despite significant achievements, India continues to face deep-rooted challenges in strengthening health and wellness. One of the foremost issues is low public health spending. At just 3.28% of GDP, India lags behind many other developing nations. This underfunding limits the expansion of facilities, workforce training, and availability of essential medicines.

Another persistent challenge is regional disparity. States like Kerala and Tamil Nadu outperform others in health indicators, while Bihar, Uttar Pradesh, and Madhya Pradesh continue to struggle with high maternal mortality, malnutrition, and disease burden. The rural-urban divide further aggravates inequity, as cities enjoy better infrastructure and specialists while rural populations depend on under-staffed PHCs.

India also faces a dual disease burden. While communicable diseases like tuberculosis and malaria remain a challenge, non-communicable diseases (NCDs) such as diabetes, hypertension, and cancer are rising sharply. Lifestyle changes, pollution, and aging populations are driving this shift, placing additional pressure on an already stretched health system. Shortage of human resources in healthcare remains critical. India has fewer doctors and nurses per capita than WHO recommendations. Retention of health workers in rural areas is particularly difficult due to poor infrastructure, lack of incentives, and challenging living conditions.

Finally, implementation gaps and monitoring weaknesses hinder progress. While programs are well-designed, execution often falters due to bureaucratic delays, corruption, or lack of accountability. Without strengthening monitoring mechanisms, even well-funded schemes may not achieve desired outcomes.

Policy Recommendations and Future Roadmap for Strengthening Public Health

Moving forward, India must adopt a comprehensive and forward-looking roadmap for strengthening health and wellness. First, increasing public expenditure on health is critical. Raising

investment to at least 5% of GDP would allow for expansion of infrastructure, workforce training, and better access to medicines and technology.

Second, human resource development should be prioritized. Training more doctors, nurses, and paramedics, while offering incentives for rural postings, can reduce manpower gaps. Skilling programs and digital training platforms can help upskill the existing workforce.

Third, India should focus on digital health integration. Expanding the Ayushman Bharat Digital Mission (ABDM) can ensure that citizens have unique health IDs, electronic health records, and telemedicine services. This would bridge rural-urban gaps and reduce dependence on physical infrastructure alone.

Fourth, strengthening preventive and community-based care is essential. By focusing on lifestyle changes, awareness campaigns, and community-level screenings for NCDs, the burden of disease can be reduced before it escalates into costly hospital care.

Lastly, public-private partnerships (PPPs) must be leveraged. Collaboration with private hospitals, NGOs, and international organizations can bring in resources, technology, and innovation. This approach ensures sustainability and scalability of health interventions.

By addressing financial, infrastructural, human resource, and technological gaps, India can build a resilient health system. Government agencies must lead this transformation with transparency, efficiency, and inclusivity, ensuring that every citizen has the opportunity to live a healthy and productive life.

Results and Discussion

The combined analysis of primary and secondary data reveals that government programs have improved health and wellness in India, yet significant gaps remain at the community level. The primary survey (Table 1) shows that PHC availability in the study area stands at 2.3 per 100,000 population, below the national average of 3.1, with households travelling an average of 5.6 km to access care—longer than the recommended 4.2 km. This reflects continued challenges in rural accessibility and reliance on informal providers.

Sanitation coverage under the Swachh Bharat Mission reached 87 percent of households, close to the 93 percent national benchmark, yet remote villages remain underserved. Similarly, while Bihar has over 200 NQAS-certified Health and Wellness Centres, only 26 percent in surveyed districts met the standards, showing uneven progress in quality assurance.

Awareness and financial protection remain weak points. Only 61 percent of respondents were aware of the Ayushman Bharat health card, below the 70 percent target, and 42 percent still reported out-of-pocket spending on healthcare, exceeding the policy goal of less than 30 percent. These findings suggest that limited awareness, gaps in service delivery, and reliance on private providers undermine the full benefits of public programs.

Overall, while flagship initiatives such as NHM, Ayushman Bharat, SBM, and NQAS have expanded infrastructure, improved sanitation, and strengthened disease surveillance, local-level realities highlight persistent inequities. Strengthening PHC functionality, decentralizing quality assurance, intensifying community awareness, and ensuring free essential services will be key to reducing disparities and making government programs more impactful at the grassroots level.

Conclusion

This study highlights the crucial role of government agencies in shaping India's health and wellness landscape through large-scale reforms and targeted interventions. Initiatives such as the National Health Mission, Ayushman Bharat, the Swachh Bharat Mission, and the National Quality Assurance Standards have significantly expanded access to healthcare, improved sanitation, and enhanced quality assurance mechanisms. The findings also show that progress is real but uneven—rural areas still face gaps in infrastructure, distance to healthcare facilities, awareness of entitlements, and financial protection. High out-of-pocket expenditure and unequal access remain persistent concerns despite policy efforts. To achieve sustainable improvements, India must increase health expenditure, strengthen PHC networks, expand digital health initiatives, and intensify awareness campaigns. By bridging these gaps, government agencies can build a more equitable, resilient, and wellness-oriented healthcare system for all citizens.

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