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Impact of Health Educational Institutions on Public Health and Citizen Welfare in India

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Abstract

Health has a variety of definitions, which have been used for different purposes over time. In general, it refers to physical and emotional well-being, especially that associated with normal functioning of the human body, absent of disease, pain including mental pain, or injury. Health can be promoted by encouraging healthful activities, such as regular physical exercise and adequate sleep, and by reducing or avoiding unhealthful activities or situations, such as smoking or excessive stress. Some factors affecting health are due to individual choices, such as whether to engage in a high-risk behavior, while others are due to structural causes, such as whether the society is arranged in a way that makes it easier or harder for people to get necessary healthcare services. Still, other factors are beyond both individual and group choices, such as genetic disorders.

Keywords : India's Top 5 States With Medical Colleges **,** Healthy People , State-Wise Medical Colleges And Universities , Resource for living , Delhi AIIMS, Post-Independence Expansion 1947–1999, 1983 Adoption of the first National Health Policy, Establishment of the Public Health Foundation of India.

Introduction:

Health has a variety of definitions, which have been used for different purposes over time. In general, it refers to physical and emotional well-being, especially that associated with normal functioning of the human body, absent of disease, pain including mental pain, or injury. Health can be promoted by encouraging healthful activities, such as regular physical exercise and adequate sleep, and by reducing or avoiding unhealthful activities or situations, such as smoking or excessive stress. Some factors affecting health are due to individual choices, such as whether to engage in a high-risk behavior, while others are due to structural causes, such as whether the society is arranged in a way that makes it easier or harder for people to get necessary healthcare services. Still, other factors are beyond both individual and group choices, such as genetic disorders.

Just as there was a shift from viewing disease as a state to thinking of it as a process, the same shift happened in definitions of health. Again, the WHO played a leading role when it fostered the development of the health promotion movement in the 1980s. This brought in a new conception of health, not as a state, but in dynamic terms of resiliency, in other words, as "a resource for living". In 1984, WHO revised the definition of health defined it as "the extent to which an individual or group is able to realize aspirations and satisfy needs and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical capacities.Thus, health referred to the ability to maintain homeostasis and recover from adverse events. Mental, intellectual, emotional and social health referred

to a person's ability to handle stress, to acquire skills, to maintain relationships, all of which form resources for resiliency and independent living. This opens up many possibilities for health to be taught, strengthened and learned.

Since the late 1970s, the federal Healthy People Program has been a visible component of the United States' approach to improving population health.In each decade, a new version of Healthy People is issued,featuring updated goals and identifying topic areas and quantifiable objectives for health improvement during the succeeding ten years, with assessment at that point of progress or lack thereof. Progress has been limited to many objectives, leading to concerns about the effectiveness of Healthy People in shaping outcomes in the context of a decentralized and uncoordinated US health system. Healthy People 2020 gives more prominence to health promotion and preventive approaches and adds a substantive focus on the importance of addressing social determinants of health. A new expanded digital interface facilitates use and dissemination rather than bulky printed books as produced in the past. The impact of these changes to Healthy People will be determined in the coming years.

Systematic activities to prevent or cure health problems and promote good health in humans are undertaken by health care providers. Applications with regard to animal health are covered by the veterinary sciences. The term "healthy" is also widely used in the context of many types of non-living organizations and their impacts for the benefit of humans, such as in the sense of healthy communities, healthy cities or healthy environments. In addition to health care interventions and a person's surroundings, a number of other factors are known to influence the health status of individuals. These are referred to as the "determinants of health", which include the individual's background, lifestyle, economic status, social conditions and spirituality; Studies have shown that high levels of stress can affect human health. In the first decade of the 21st century, the conceptualization of health as an ability opened the door for self-assessments to become the main indicators to judge the performance of efforts aimed at improving human health. It also created the opportunity for every person to feel healthy, even in the presence of multiple chronic diseases or a terminal condition, and for the re-examination of determinants of health away from the traditional approach that focuses on the reduction of the prevalence of diseases.

REVIEW OF LITERATURE : **Joshi et al. 2022 :**

The Current State of Public Health Education in India examined the development of public health education programs in India through a scoping review. The study found that more than 80 institutions across the country offer over 100 public health programs, including Master of Public Health (MPH), diploma, and doctoral courses. The research emphasized that educational institutions play a significant role in producing trained public health professionals who contribute to disease prevention, health promotion, and healthcare management. However, the authors also highlighted issues such as uneven distribution of institutions, lack of standardized curricula, and limited coordination among academic institutions and government health systems. The study concluded that strengthening public health education and improving collaboration between universities and health agencies can significantly enhance public health outcomes and citizen welfare in India.

Lavale et al. 2025 : Institutionalizing Wellness: The Health-Promoting University in India studied the concept of the Health-Promoting Institution (HPI) model in Indian universities. The research assessed a five-year wellness program that integrated health promotion activities such as regular health check-ups,

physical activity programs, and mental health services within a university campus. Results showed significant improvements in student and staff health indicators, including reductions in high blood pressure and improved body mass index levels. The study demonstrated that educational institutions can act as key settings for promoting healthy lifestyles and preventive healthcare practices, thereby contributing to broader public health improvement and citizen welfare.

Schleiff et al. 2023 : Key Factors Influencing Public Health Students and Curricula in India analyzed the factors affecting public health education and training in India. The study used a mixed-method approach involving surveys and expert consultations to examine curriculum quality and institutional capacity. Findings indicated that health education institutions contribute to strengthening the public health workforce by equipping students with knowledge in epidemiology, health policy, and community health. However, the study noted gaps in practical training, interdisciplinary learning, and field-based experiences. The authors recommended reforms in curriculum design and stronger partnerships between academic institutions and public health organizations to improve healthcare delivery and community health outcomes in India.

Singh and Vellakkal 2021 : Impact of Public Health Programs on Maternal and Child Health Services and Health Outcomes in India conducted a systematic review of public health programs implemented in India between 2000 and 2019. The study analyzed 66 research papers related to maternal and child health services. Findings suggested that educational and awareness-based interventions significantly improved the utilization of health services such as antenatal care, immunization, and institutional delivery. The authors emphasized that public health education initiatives, often supported by academic institutions and training centers, have played an important role in improving health awareness and service utilization among vulnerable populations.

BMC Public Health Study 2024 : Efficacy of Health Literacy Interventions Aimed to Improve Health Gains of Higher Education Students explored the effectiveness of health literacy programs implemented in academic institutions. The systematic review found that universities and colleges can effectively promote health awareness by providing structured health education programs. These interventions improved students' ability to understand health information, adopt preventive behaviors, and make informed healthcare decisions. The study concluded that educational institutions are important platforms for promoting long-term health literacy, which contributes to healthier communities and improved public health outcomes.

Wikipedia The impact of health educational institutions on public health and citizen welfare in India is significant, particularly in the context of maternal healthcare.

2.Nair et al. 2011 highlight that despite longstanding family welfare programs, India still faces high maternal morbidity and mortality rates. The National Rural Health Mission NRHM has been pivotal in improving the quality of maternal healthcare by addressing systemic deficiencies. This initiative underscores the importance of educational institutions in training healthcare professionals who can implement and enhance public health policies effectively. Moreover, the role of educational institutions extends beyond maternal health. They are crucial in promoting awareness and understanding of various health issues, thereby influencing public health outcomes.

India's Top 5 States With Medical Colleges : India has over 645 postgraduate medical institutes and numerous MBBS colleges, with high concentrations in Karnataka, Maharashtra, Tamil Nadu, and Uttar Pradesh. Top institutions include AIIMS Delhi, JIPMER, and state-run colleges like Madras Medical College, King George Medical University, and Grant Medical College.

State-Wise Medical Colleges And Universities : Delhi AIIMS Delhi, Maulana Azad Medical College, Vardhman Mahavir Medical College. Karnataka: Bangalore Medical College, Kasturba Medical College Manipal, M.S. Ramaiah Medical College.Maharashtra: Grant Medical College (Mumbai), Seth G.S. Medical College, Dr. D.Y. Patil Vidyapeeth. Tamil Nadu: Madras Medical College, Stanley Medical College, Amrita Vishwa Vidyapeetham. Uttar Pradesh: King George Medical University Lucknow, IMS Banaras Hindu University. West Bengal: Medical College Kolkata, IPGMER Kolkata. Andhra Pradesh: Andhra Medical College, AIIMS Mangalagiri. Assam: Gauhati Medical College, Assam Medical College, Silchar Medical College. The country has 349 government PG institutes and 296 private ones.New Colleges: Recently established colleges include ones in Andhra Pradesh ACSR Govt. Medical College and West Bengal JMN Medical College**.**

India's medical schools are usually called medical colleges. Medical school quality is controlled by the central regulatory authority, the National Medical Commission, which inspects the institutes from time to time and recognizes institutes for specific courses. Most of the medical schools were set up by the central and state governments in the 1950s and 60s. However, in the 1980s, several private medical institutes were founded in several states, particularly in Karnataka. Andhra Pradesh allowed the founding of several private institutions in the new millennium. Medical education in a private institute can be expensive if not subsidized by the government.

List of state-wise number of medical colleges

Andaman and Nicobar Islands – 1 ,Andhra Pradesh – 38 ,Arunachal Pradesh – 1, Assam-15,Bihar – 23,Chandigarh- 1,Chhattisgarh – 10 , Dadra and Nagar Haveli and Daman and Diu – 1, Delhi – 10 , Goa – 1, Gujarat – 40 , Haryana – 13 , Himachal Pradesh -7, Jammu & Kashmir – 12 , Jharkhand – 7 , Karnataka – 61, Kerala – 33, Ladakh – 0 , Lakshadweep – 0, Madhya Pradesh – 27 , Maharashtra – 55 , Manipur – 4 , Meghalaya – 3, Mizoram- 1,Nagaland -1 , Odisha – 15 , Puducherry – 9, Punjab – 10, Rajasthan – 35 , Sikkim- 1 , Tamil Nadu – 64, Telangana – 32 , Tripura – 3, Uttar Pradesh – 85 , Uttarakhand - 6,West Bengal – 40.

The important events and milestones in India's health education:: India's health education system has evolved from colonial-era disease control to a comprehensive, technology-driven, and community-oriented system designed for public health management. Key milestones in this evolution range from the early establishment of medical schools to the rapid, post-2000 growth of Public Health MPH institutions and recent digital integration.

Pre-Independence and Early Foundations 1823/1835: Founding of the Calcutta Medical College, pioneering the teaching of Western medicine in Asia. 1894/1900: Establishment of the first medical schools for women by missionaries Christian Medical College, Ludhiana in 1894 and Vellore in 1900, addressing the lack of female healthcare providers. 1932: Establishment of the All India Institute of Hygiene and Public Health AIIHPH in Kolkata, a landmark in systematic public health training. 1933: Formation of the Medical Council of India MCI to establish uniform standards of medical education. 1939: First Rural Health Training Center established at Singur to provide field-based training. 1946: The Bhore Committee Report was published, laying the foundation for a, integrated health system with Primary Health Centres PHCs as the basic unit.

Post-Independence Expansion 1947–1999 : 1952 Launch of the National Family Planning Program, one of the first major public health initiatives. 1956: Establishment of the All India Institute of Medical Sciences AIIMS, New Delhi, marking a turning point in high-standard medical education and research. 1956 Enactment of the Indian Medical Council Act, empowering the MCI to regulate medical

education. 1970s The Integrated Child Development Services ICDS was launched, focusing on nutrition and health education for mothers and children. 1970 Passing of the Indian Medical Central Council Act to standardize education in Indian systems of medicine Ayurveda. 1983 Adoption of the first National Health Policy, emphasizing community-oriented education.

Modern Era and Recent Developments 2000–2025 : 2000s: Rapid expansion of Master of Public Health MPH courses, growing from one institution in 2000 to over 100 today. 2005 Launch of the National Rural Health Mission NRHM, which created a massive demand for trained public health professionals to work in rural areas. 2006 Establishment of the Public Health Foundation of India PHFI to bridge the gap in public health training and education. 2018 Launch of the Ayushman Bharat Program and the creation of Health and Wellness Centers HWCs to deliver comprehensive primary health care. 2018 Major revision of the MBBS curriculum to include communication and ethics, implemented from 2018-19. 2020 Replacement of the Medical Council of India MCI with the National Medical Commission NMC to reform medical education regulation. 2021-2024 Increased focus on digital health education eSanjeevani, Digital Health Mission and "One Health" approach to connect human, animal, and environmental health.

Important Themes in Evolution : Shift to Public Health Moving from purely clinical medicine to incorporating community medicine and public health MPH. Regulation: The move from the Medical Council of India MCI to the National Medical Commission NMC to curb corruption and improve standards. Privatization: Rapid increase in private medical colleges since the 1990s, changing the landscape of medical education access. Digital Transformation:Use of technology and online platforms like SWAYAM to make public health courses more accessible.

Deemed university, or deemed-to-be-university, is an accreditation granted to higher educational institutions in India by the Department of Higher Education. As of 14 November 2023, the UGC lists 124 institutes which were granted the deemed to be university status. In 2017, a distinct category of deemed universities was established called Institutes of Eminence Deemed to be Universities, which are regulated differently from other deemed universities to develop into world-class institutions.

The following instituted were granted the deemed to be university status.

Deemed universities of India					
State	Institute	Location	Established	Specialisation	Sources
Andaman and Nicobar Islands	Netaji Subhash Chandra Bose Institute of Higher Learning	Sri Vijaya Puram	2024	Multi-disciplinary	
Andhra Pradesh	Audisankara (Deemed to be University)	Gudur	2001 ,2025	Multidisciplinary	
	Gandhi Institute of Technology and Management	Visakhapatnam	1980 ,2007	Multidisciplinary	[6][7]

Deemed universities of India					
State	Institute	Location	Established	Specialisation	Sources
	Koneru Lakshmaiah Education Foundation	Vaddeswaram	1980 ,2009	Multidisciplinary	[8]
	Madanapalle Institute of Technology and Science	Madanapalle	1998 ,2025	Technology	[9][10]
	Siddhartha Academy of Higher Education	Vijayawada	1977 ,2024	Multidisciplinary	[11]
	Sri Sathya Sai Institute of Higher Learning	Anantapur	1981 ,1981	Multidisciplinary	[12][13]
	Vignan's Foundation for Science, Technology & Research	Guntur	1997 ,2008	Technology	[14][15]
Arunachal Pradesh	North Eastern Regional Institute of Science and Technology	Itanagar	1986 ,2005	Technology	[16][17]
Assam	Central Institute of Technology, Kokrajhar	Kokrajhar	1959 ,2006	Technology	[18]
Bihar	Nava Nalanda Mahavihara	Nalanda	1951 ,2006	Buddhist Studies	[19][20]
Chandigarh	Punjab Engineering College	Chandigarh	1921 ,2003	Technology	[21][22]
Delhi	Indian Agricultural Research Institute	New Delhi	1905 ,1958	Agricultural Science	[23][24]
	Indian Institute of Foreign Trade	New Delhi	1963 ,2002	Management	[25][26]
	Indian Law Institute	New Delhi	1956 ,2004	Law	[27][28]
	Institute of Liver and Biliary	New Delhi	2009	Medical Sciences	[29]

Deemed universities of India					
State	Institute	Location	Established	Specialisation	Sources
	Sciences				
	Jamia Hamdard	New Delhi	1948 ,1989	Multidisciplinary	[30][31]
	Morarji Desai National Institute of Yoga	New Delhi	1998 ,2021	Yoga	[32]
	National Museum Institute of the History of Art, Conservation and Museology	New Delhi	1983,1989	Museology	[33][34]
	National Institute of Educational Planning and Administration	New Delhi	1962,2006	Education	[35][36]
	National Council of Educational Research and Training	New Delhi	1961 ,2023	Education	[37]
	TERI School of Advanced Studies	New Delhi	1998 ,1999	Applied Science	[38][39]
Gujarat	Gujarat Vidyapith	Ahmedabad	1920,1963	Multidisciplinary	[40][41]
	Sumandeep Vidyapeeth	Waghodia	1999 ,2007	Medical Sciences	[42][43]
Haryana	Lingaya's Vidyapeeth	Faridabad	1998,2005	Technology, Management	[44][45]
	Maharishi Markandeshwar (Deemed to be University)	Ambala	1993,2007	Multidisciplinary	[46][47]
	Manav Rachna International Institute of Research and Studies	Faridabad	1997,2008	Technology	[48][49]

Deemed universities of India					
State	Institute	Location	Established	Specialisation	Sources
	National Brain Research Centre	Manesar	1997,2002	Neuroscience	[50][51]
	National Dairy Research Institute	Karnal	1923,1989	Dairy Research	[52][53]
Jharkhand	Birla Institute of Technology, Mesra	Ranchi	1955,1986	Technology	[54][55]
	National Institute of Advanced Manufacturing Technology	Ranchi	1966,2024	Technology	[56]
Karnataka	BLDE (Deemed to be University)	Bijapur	2008	Medical Sciences	[57][58]
	Christ (Deemed to be University)	Bengaluru	1969,2008	Multidisciplinary	[59][60]
	Indian Institute for Human Settlements (IIHS)	Bengaluru	2025	Interdisciplinary	[61]
	Indian Institute of Science	Bengaluru	1909 ,1958	Science	[62][63]
	International Institute of Information Technology Bangalore	Bengaluru	1999 ,2005	Technology	[64][65]
	JSS Academy of Higher Education & Research	Mysore	2008	Medical Sciences	[66][67]
	Jain (Deemed to be University)	Bengaluru	1990 ,2008	Multidisciplinary	[68]
	Jawaharlal Nehru Centre for Advanced Scientific Research	Bengaluru	1989 ,2002	Science	[69][70]
	Kristu Jayanti (Deemed to be University)	Bengaluru	1999 ,*2025*	Multidisciplinary	[71][72][73]

Deemed universities of India					
State	Institute	Location	Established	Specialisation	Sources
	KLE Academy of Higher Education & Research	Belgaum	2006	Multidisciplinary	[74][75]
	Manipal Academy of Higher Education	Udupi	1953	Multidisciplinary	[76]
	NITTE	Mangaluru	2008	Medical Sciences	[77][78]
	Sri Devaraj Urs Academy of Higher Education and Research	Kolar	1986,2007	Medical Sciences	[79][80]
	Sri Siddhartha Academy of Higher Education	Tumkur	2008	Medical Sciences	[81][82]
	Swami Vivekananda Yoga Anusandhana Samsthana	Bengaluru	2002	Yoga	[83][84]
	St. Aloysius (Deemed to be University)	Mangaluru	1880,2024	Multidisciplinary	[85]
	Yenepoya (Deemed to be University)	Mangaluru	1991,2008	Medical Sciences	[86][87]
Kerala	Indian Institute of Space Science and Technology	Thiruvananthapuram	2007,2008	Space Science	[88][89]
	Chinmaya Vishwavidyapeeth	Ernakulam	2016	Multidisciplinary	[90]
	Kerala Kalamandalam	Thrissur	1930 ,2006	Performing Arts	[91][92]
Ladakh	Central Institute of Buddhist Studies	Leh	2006 ,2018	Buddhist Studies	[93]
Madhya Pradesh	Lakshmibai National Institute of Physical Education	Gwalior	1957 ,1995	Physical Education	[94][95]

Deemed universities of India					
State	Institute	Location	Established	Specialisation	Sources
	Indian Institute of Forest Management	Bhopal	1982	Forestry	[96]
	Madhav Institute of Technology and Science	Gwalior	1957,2024	Technology	[97]
Maharashtra	Bharati Vidyapeeth	Pune	1964 ,1996	Multidisciplinary	[98][99]
	Central Institute of Fisheries Education	Mumbai	1961 ,1989	Fisheries Science	[100][101]
	D. Y. Patil Education Society	Kolhapur	1987 ,2005	Multidisciplinary	[102][103]
	Datta Meghe Institute of Medical Sciences	Wardha	1950 (2005)	Medical Sciences	[104][105]
	Deccan College Post-Graduate and Research Institute	Pune	1821 (1990)	Archeology and Linguistics	[106][107]
	Defence Institute of Advanced Technology	Pune	1952 (2000)	Technology	[108][109]
	Dr. D. Y. Patil Vidyapeeth	Pune	1996 (2003)	Medical Sciences	[110][111]
	Gokhale Institute of Politics and Economics	Pune	1930 (1993)	Economics	[112][113]
	Homi Bhabha National Institute	Mumbai	2005	Science	[114][115]
	Indira Gandhi Institute of Development Research	Mumbai	1987 (1995)	Economics	[116][117]
	Institute of Chemical Technology	Mumbai	1933 (2008)	Technology	[118][119]
	International Institute for	Mumbai	1956 (1985)	Population Science	[120][121]

Deemed universities of India					
State	Institute	Location	Established	Specialisation	Sources
	Population Sciences				
	Krishna Institute of Medical Sciences	Satara	1982 (2005)	Medical Sciences	[122][123]
	MGM Institute of Health Sciences	Navi Mumbai	1982 (2006)	Medical Sciences	[124][125]
	Narsee Monjee Institute of Management Studies	Mumbai	1981 (2003)	Multidisciplinary	[126][127][128]
	Padmashree Dr. D. Y. Patil Vidyapeeth	Navi Mumbai	2002	Medical Sciences	[129]
	Pravara Institute of Medical Sciences	Ahmednagar	1976 (2003)	Medical Sciences	[130][131]
	Symbiosis International	Pune	1971 (2002)	Multidisciplinary	[132][133]
	Tata Institute of Fundamental Research	Mumbai	1945 (2002)	Science	[134][135]
	Tata Institute of Social Sciences	Mumbai	1936 (1964)	Social Science	[136]
	Tilak Maharashtra Vidyapeeth	Pune	1921 (1987)	Multidisciplinary	[137][138]
Odisha	Kalinga Institute of Industrial Technology	Bhubaneswar	2004	Multidisciplinary	[139][140][141]
	Kalinga Institute of Social Sciences	Bhubaneswar	1993 (2017)	Social Science	[142]
	Siksha 'O' Anusandhan	Bhubaneswar	2007	Multidisciplinary	[143][144]
Puducherry	Sri Balaji Vidyapeeth	Pondicherry	2001 (2008)	Medical Sciences	[145][146]
Punjab	Sant Longowal Institute of Engineering and Technology	Sangrur	1989 (2007)	Technology	[147][148]

Deemed universities of India					
State	Institute	Location	Established	Specialisation	Sources
	Thapar Institute of Engineering and Technology	Patiala	1956 (1985)	Technology	[149][150]
Rajasthan	Banasthali Vidyapith	Tonk	1935 (1983)	Multidisciplinary	[151][152]
Rajasthan	IIS (Deemed to be University)	Jaipur	1995 (2009)	Multidisciplinary	[153]
	Institute of Advanced Studies in Education	Churu	1950 (2002)[154]	Education	[155][156]
	Jain Vishva Bharati Institute	Ladnun	1991	Jain Studies	[157][158]
	Janardan Rai Nagar Rajasthan Vidyapeeth	Udaipur	1937 (1987)	Multidisciplinary	[159][160]
	LNM Institute of Information Technology	Jaipur	2003 (2006)	Technology	[161][162]
	National Institute of Ayurveda	Jaipur	1976 (2020)	Ayurveda	
Tamil Nadu	Academy of Maritime Education and Training	Chennai	1993 (2007)	Marine Science	[163][164]
	Amrita Vishwa Vidyapeetham	Coimbatore	1994 (2003)	Multidisciplinary	[165][166]
	Avinashilingam Institute for Home Science and Higher Education for Women	Coimbatore	1957 (1988)	Home Science	[167][168]
	B.S. Abdur Rahman Crescent Institute of Science and Technology	Chennai	1984 (2008)	Technology	[169]
	Bharath Institute of Higher Education	Chennai	1984 (2002)	Multidisciplinary	[170][171]

Deemed universities of India					
State	Institute	Location	Established	Specialisation	Sources
	and Research				
	Chennai Mathematical Institute	Siruseri	1989 (2006)	Mathematics	[172][173]
	Chettinad Academy of Research and Education	Chengalpattu	2005 (2008)	Medical Sciences	[174][175]
	Dr. M.G.R. Educational and Research Institute	Chennai	1988 (2003)	Multidisciplinary	[176][177]
	Gandhigram Rural Institute	Dindigul	1956 (1976)	Rural Education	[178][179]
	Hindustan Institute of Technology and Science	Chennai	1985 (2008)	Technology	[180][181]
	Kalasalingam Academy of Research and Education	Krishnankoil	1984 (2006)[182]	Multidisciplinary	[183][184]
	Karpagam Academy of Higher Education	Coimbatore	2008	Multidisciplinary	[185][186]
	Karunya Institute of Technology and Sciences	Coimbatore	1986 (2004)	Technology	[187][188]
	Meenakshi Academy of Higher Education and Research	Chennai	2001	Medical Sciences	[189][190]
	Noorul Islam Centre for Higher Education	Kumarakovil	1989 (2008)	Multidisciplinary	[191][192]
	Periyar Maniammai Institute of Science & Technology	Vallam	1988 (2007)	Technology	[193][194]
	Ponnaiyah	Thanjavur	1985 (2008)	Technology	[195][196]

Deemed universities of India					
State	Institute	Location	Established	Specialisation	Sources
	Ramajayam Institute of Science and Technology				
	Sathyabama Institute of Science and Technology	Chennai	1987 (2001)	Technology	[197][198]
	Saveetha Institute of Medical And Technical Sciences	Chennai	1986 (2005)	Multidisciplinary	[199][200]
	Shanmugha Arts, Science, Technology & Research Academy	Thanjavur	1984 (2001)	Multidisciplinary	[201][202]
	Sri Chandrasekharendra Saraswathi Viswa Mahavidyalaya	Kanchipuram	1993	Multidisciplinary	[203][204]
	Sri Ramachandra Medical College and Research Institute	Chennai	1985 (1994)	Medical Sciences	[205][206]
	SRM Institute of Science and Technology	Kanchipuram	1985 (2002)	Technology	[207][208]
	St. Peter's Institute of Higher Education and Research	Chennai	1992 (2008)	Technology	[209][210]
	Vel Tech Rangarajan Dr. Sagunthala R&D Institute of Science and Technology	Chennai	2008	Technology	[211][212]
	Vels Institute of Science, Technology & Advanced Studies	Chennai	1992 (2008)	Technology	[213][214]

Deemed universities of India					
State	Institute	Location	Established	Specialisation	Sources
	Vinayaka Mission's Research Foundation	Salem	1981 (2001)	Multidisciplinary	[215][216]
	Vellore Institute of Technology	Vellore	1984 (2001)	Technology	[217][218]
Telangana	ICFAI Foundation for Higher Education	Hyderabad	1995 (2008)	Technology, Management	[219][220]
	International Institute of Information Technology, Hyderabad	Hyderabad	1998 (2001)	Technology	[221][222]
Uttar Pradesh	Central Institute of Higher Tibetan Studies	Varanasi	1967 (1988)	Tibetan Studies	[223][224]
	Dayalbagh Educational Institute	Agra	1917 (1981)	Multidisciplinary	[225][226]
	Indian Veterinary Research Institute	Bareilly	1889 (1983)	Veterinary Science	[227][228]
	Jaypee Institute of Information Technology	Noida	2001 (2004)	Technology	[229][230]
	Nehru Gram Bharati	Prayagraj	1962 (2008)	Multidisciplinary	[231][232]
	Sam Higginbottom University of Agriculture, Technology and Sciences	Allahabad	1910 (2000)	Agriculture	[233][234]
	Santosh (Deemed to be University)	Ghaziabad	1995	Medical	[235]
	Shobhit Institute of Engineering & Technology	Meerut	2000 (2006)	Technology	[236][237]

Deemed universities of India					
State	Institute	Location	Established	Specialisation	Sources
Uttarakhand	Forest Research Institute	Dehradun	1906 (1991)	Forestry	[238][239]
	Graphic Era (Deemed to be University)	Dehradun	1993 (2008)	Technology, Management	[240][241]
	Gurukul Kangri (Deemed to be University)	Haridwar	1902 (1962)	Multidisciplinary	[242][243]
West Bengal	Ramakrishna Mission Vivekananda Educational and Research Institute	Belur	2005	Multidisciplinary	[244]
	Satyajit Ray Film and Television Institute	Kolkata	1995 (2024)	Film school	[245]
	Indian Association for the Cultivation of Science	Kolkata	1876 (2018)	Basic & Applied Sciences	[246]
	TCG CREST	Kolkata	2020	Science and Technology	
	National Institute of Technical Teachers' Training and Research, Kolkata	Kolkata	2024	Teachers' Training	

List of Deemed Universities

Institute	State	Location	Established	Specialisation	Sources
Birla Institute of Technology & Science, Pilani	Rajasthan	Pilani	1946 (1964)	Multidisciplinary	[247][248]
Manipal Academy of Higher Education	Karnataka	Manipal	1953 (1993)	Multidisciplinary	[249][250]
Shiv Nadar (Deemed to be University)	Uttar Pradesh	Greater Noida	2011 (2022)	Multidisciplinary	[251]

Institute	State	Location	Established	Specialisation	Sources
O. P. Jindal Global (Deemed to be University)	Haryana	Sonipat	2009 (2020)	Multidisciplinary	[252]
National Institute of Electronics & Information Technology (formerly DOEACC Society)	Delhi	New Delhi	1994 (2020)	Multidisciplinary	[253]

In many cases, the same listing by the UGC covers several institutes. For example, the listing for Homi Bhabha National Institute covers the Institute of Mathematical Sciences, the Indira Gandhi Centre for Atomic Research and other institutes. The list above includes only the major institute granted the status, and such additional institutes are not listed separately. The date of establishment listed is the date reported by the institute. The date in parentheses is the date in which the institute was granted deemed university status. India's total government health expenditure combined Centre and States. reached ₹4,34,163 crore in 2021-22, accounting for 48% of the total health expenditure and 1.84% of the GDP. Per capita government health spending stood at ₹6,602 in 2021-22. While overall spending has increased, the Union government's direct allocation for health is estimated to decline to 0.29% of GDP by 2025-26.

Indian Government Schemes for Women,Maternal and General Health : Pradhan Mantri Matru Vandana Yojana PMMVY: Offers cash incentives ₹5,000 for pregnant lactating women to compensate for wage loss. Janani Suraksha Yojana JSY: Provides cash assistance to promote safe, institutional deliveries. Surakshit Matritva Aashwasan SUMAN: Ensures free, zero-expense access to maternal newborn care. Pradhan Mantri Surakshit Matritva Abhiyan PMSMA: Provides free, monthly antenatal check-ups for pregnant women. One Stop Centre OSC Scheme: Delivers integrated medical, legal, and safety services to women in distress. Pradhan Mantri Ujjwala Yojana PMUY: Enhances respiratory health by providing free LPG connections to BPL households.

Schemes for Children Childhood and Newborn Health : Janani Shishu Suraksha Karyakram JSSK: Guarantees free treatment, transport, and diagnostics for pregnant women and newborns. Rashtriya Bal Swasthya Karyakram RBSK: Focuses on early detection of diseases and developmental delays in children 0-18 years. Mission Indradhanush: Ensures full immunization coverage for children and pregnant women. National Creche Scheme Palna : Supports working mothers with childcare facilities.

Pm Cares for Children: Offers health insurance, education, and support to children orphaned by COVID-19. Rashtriya Kishor Swasthya Karyakram RKSK: Addresses the health needs of adolescents 10-19 years.

Integrated and Nutritional Support : Ayushman Bharat PM-JAY & HWC Provides ₹5 lakh annual health coverage and primary healthcare services. Saksham Anganwadi and POSHAN 2.0: Tackles malnutrition, anemia, and stunting in women and children. Anaemia Mukt Bharat AMB: Supplies iron-folic acid and deworming to fight anemia. Mid-Day Meal PM-POSHAN: Improves nutrition and school attendance.

Budgetary Allocation for Indian Health 1947–2025 : Post-Independence 1947-1950: Initial budgets focused on rehabilitation and basic, limited infrastructure after partition. Five-Year Plans 1951–2017: Health was a key sector in developmental plans, focusing on controlling diseases and building primary health centres. Recent Trends 2014-2025: A significant push for universal coverage has occurred, including the 5.56% increase in PM-JAY and 6.17% in NHM for 2026-27 BE. 2025-26 Budget Details: The Ministry of Health and Family Welfare received ₹99,859 crore, with 96% going to the Department of Health and Family Welfare. Research Focus: The Department of Health Research was allocated ₹3,901 crore, a 15% rise over the 2024-25 estimated expenditure. Infrastructure: The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission PM-ABHIM remains a major focus. 2025-26 Allocation: ₹99,859 crore. 2024-25 Revised Allocation: ₹89,974 crore. NHM Allocation 2025-26: ₹37,227 crore. Out-of-pocket expenditure: 47.1% of total health expenditure in 2019-20**.** Total Health Expenditure 2021-22: ₹9,04,461 crore. Government Contribution: The government's share in total health expenditure has risen from 29% in 2014-15 to 48% in 2021-22. Split Expenditure 2021-22: 41.8% from the Union Government and 58.2% from State Governments. Out-of-Pocket Expenditure OOPE: Declined to 39.4% of total health expenditure in 2021-22, down from 62.6% in 2014-15. Capital vs. Current: In 2021-22, ₹7,89,760 crore went to current expenditures, while ₹1,14,701 crore 12.7% was spent on building infrastructure. Recent Trends: Despite increases in absolute terms, the Union government's budget allocation for health has declined to 0.29% of GDP for 2025-26 from 0.37% in 2020-21

The important events and milestones in India's health education: Colonial Era 19th Century – 1947 **,**1835: Establishment of Calcutta Medical College: Marked the formal introduction of Western medical education in India.**,** 1852: Government Store Depots: Established to supply medicines and instruments to hospitals, highlighting early logistical support for health infrastructure.**,**1894: Founding of CMC Ludhiana: Dr. Edith Mary Brown founded the North India School of Medicine for Christian Women, Asia's first medical school for women.**,**1900: Founding of CMC Vellore: Dr. Ida Scudder founded this institution, which became a leading center for medical and nursing education. **,** 1916: Indian Medical Degrees Act: Introduced to regulate medical practice in the country.**,**1932: All India Institute of Hygiene and Public Health AIIHPH, Kolkata: Established to provide systematic, specialized training in public health. **,**1933: Medical Council of India MCI: Formed to establish uniform and high standards of medical education.**,** 1946: Bhore Committee Report: Proposed a comprehensive public health system with primary health centers PHC as the basic unit, shaping post-independence health policy.

Important Health Schems for Rural Women in India : National Free Drugs Initiative States and UTs are supported to provide essential drugs based on the level of public health facilities free of cost to all who access these facilities. Free Diagnostics Initiatives. FDI: Under the initiative, support provided to States/UTs to provide a set of essential diagnostics in 33 States and UTs at various levels of care, free of cost. National Ambulance Services NAS: Under the NHM, technical and financial support is provided for emergency medical services in States and UTs through a functional National Ambulance Service NAS network linked with a

centralized toll-free number 108/102. Mobile Medical Units MMU are supported to facilitate access to public health care at the doorstep particularly to people living in remote, difficult, under-served and unreached areas to provide primary care services.Some major initiatives under NHM focusing on women and children, including ST category women and children, throughout the country, are as follows:Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana AB-PMJAY, provides health coverage

of up to Rs 5 lakh per family per year to around 10.74 crore poor and vulnerable families in the country as per Socio Economic Caste Census SECC.Surakshit Matritva Aashwasan SUMAN provides assured, dignified, respectful and quality healthcare at no cost and zero tolerance for denial of services for every woman and newborn visiting public health facilities to end all preventable maternal and newborn deaths.Janani Suraksha Yojana JSY, a demand promotion and conditional cash transfer scheme for promoting institutional delivery.Under Janani Shishu Suraksha Karyakram JSSK, every pregnant woman is entitled to free delivery, including caesarean section, in public health institutions along with the provision of free transport, diagnostics, medicines, other consumables & diet.Pradhan Mantri Surakshit Matritva Abhiyan PMSMA provides pregnant women a fixed day, free of cost assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month.LaQshya improves the quality of care in labour room and maternity operation theatres to ensure that pregnant women receive respectful and quality care during delivery and immediate post-partum.Monthly Village Health, Sanitation and Nutrition Day VHSND is an outreach activity at Anganwadi centers for provision of maternal and child care including nutrition in convergence with the ICDS. Reproductive and child health RCH portal is a name-based web-enabled tracking system for pregnant women and new born so as to ensure seamless provision of regular and complete services to them including antenatal care, institutional delivery and post-natal care. MCP Card and Safe Motherhood Booklet are distributed to the pregnant women for educating them on diet, rest, danger signs of pregnancy, benefit schemes and institutional deliveries. Delivery Points- Over 25,000 ‘Delivery Points’ across the country have been strengthened in terms of infrastructure, equipment, and trained manpower for provision of comprehensive RMNCAH+N services. Setting up of Maternal and Child Health MCH Wings at high caseload facilities to improve the quality of care provided to mothers and children.

Post-Independence Era 1947 – 1990 : 1952: National Family Planning Programme: The first nationwide initiative focusing on population control and reproductive health education. 1956: Establishment of AIIMS, New Delhi: Set high standards for medical education, research, and patient care. 1956: Reconstitution of the Medical Council of India MCI: Replaced the colonial council to guide the new republic in establishing modern medical education. 1970: Indian Medical Central Council Act: Standardized teaching institutions, curricula, and diplomas for Ayurveda, Siddha, and Unani systems. 1975: Integrated Child Development Services ICDS: Launched to improve nutrition and health status in children, integrating health with education. 1982: National Mental Health Programme NMHP: A landmark event that prioritized community-based mental health care. 1983: First National Health Policy: Aimed at achieving "Health for All" and aligning education with community health needs.

Modern Era 2000 – 2025 : 2000: Expansion of MPH Courses: Rapid growth in institutions offering Master of Public Health MPH courses, increasing from one to over 100 in the following two decades. 2005: National Rural Health Mission NRHM: Launched to improve healthcare access in rural areas, creating a huge demand for trained public health professionals. 2006: Public Health Foundation of India PHFI: Established as a public-private initiative to bridge the gap in public health education and training. 2012: National Urban Health Mission NUHM: Launched as a sub-mission of the National Health Mission NHM to address the healthcare needs of the urban poor. 2017: Revised National Health Policy: Emphasized the need for public health training and research. 2018: Ayushman Bharat Program: Launched to achieve universal health coverage UHC, including the establishment of Health and Wellness Centers HWC. 2018: Revision of MBBS Curriculum: Revamped after 21 years to include communication, ethics, and community-based training. 2020: National Medical Commission NMC:

Replaced the MCI to regulate medical education, aiming to address faculty shortages and standardize training. 2022-23: Digital Health Expansion: Introduction of platforms like U-WIN and eSanjeevani, enhancing telemedicine and digital health education.

Primary health care PHC in India acts as the foundational, first-contact, and community-focused public health system designed to provide accessible, affordable, and comprehensive, preventive, and curative services. Under the Ayushman Bharat program, it is evolving from a limited, selective care model to a universal, comprehensive, and integrated system using Ayushman Arogya Mandir Health and Wellness Centres.

Primary Health Care in India:

- **Three-Tier Infrastructure:** The rural public health system consists of Sub-Health Centres SHC for 3,000–5,000 people, Primary Health Centres PHC for 20,000–30,000 people, and Community Health Centres CHC that serve as first-level referral units.
- **Comprehensive Services:** The shift towards Comprehensive Primary Health Care CPCH includes expanded services like non-communicable disease screening, mental health, geriatric care, and palliative care.
- **Key Personnel:** Services are delivered by doctors, nurses, and community health workers ASHAs and ANM.
- **Initiatives:** The Ayushman Bharat launched 2018 program aims to strengthen primary care to reduce out-of-pocket expenditure and improve access to essential drugs and diagnostics.
- **Primary Health Centres PHC in India :** are established to cover a population of 30,000 in rural areas and 20,000 in hilly, tribal and desert areas.

PHCs are established to cover defined population. As per the Rural Health Statistics-2019, as on 31.03.2019, a total of 24,855 rural PHCs and 5,190 urban PHCs have been functional in the country. State-wise details including for Rajasthan are given below:

Number Of Primary Health Centres Functioning In Rural And Urban Areas

Sr. No.	State and UT	Primary Health Centres .PHCs		
		Rural	Urban	Total
1	Andhra Pradesh	1,145	364	1,509
2	Arunachal Pradesh	143	4	147
3	Assam	946	55	1,001
4	Bihar	1,899	95	1,994
5	Chhattisgarh	792	45	837

6	Goa	24	0	24
7	Gujarat	1,476	318	1,794
8	Haryana	379	97	476
9	Himachal Pradesh	586	20	606
10	Jammu & Kashmir	622	49	671
11	Jharkhand	298	57	355
12	Karnataka	2,127	435	2,562
13	Kerala	848	83	931
14	Madhya Pradesh	1,199	136	1,335
15	Maharashtra	1,828	538	2,366
16	Manipur	90	9	99
17	Meghalaya	118	0	118
18	Mizoram	59	10	69
19	Nagaland	126	5	131
20	Odisha	1,288	87	1,375
21	Punjab	416	16	432
22	Rajasthan	2,082	377	2,459
23	Sikkim	29	1	30
24	Tamil Nadu	1,422	463	1,885
25	Telangana	636	249	885
26	Tripura	108	5	113
27	Uttarakhand	257	0	257
28	Uttar Pradesh	2,936	624	3,560

29	West Bengal	908	448	1,356
30	Andaman & Nicobar Islands	22	2	24
31	Chandigarh	0	46	46
32	Dadra & Nagar Haveli	9	2	11
33	Daman & Diu	4	0	4
34	Delhi	5	535	540
35	Lakshadweep	4	0	4
36	Puducherry	24	15	39
TOTAL – ALL INDIA		**24,855**	**5,190**	**30,045**

State-wise details of State Program Implementation Plan approvals for the Primary Health Centers under NHM for the years 2017-18 to 2020-21 are given below:

Sl. No.	**Name of the State and UT**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
A.	**High Focus States**				
1	Bihar	500.00	10,508.85	5,766.94	3,225.00
2	Chhattisgarh	976.86	3,317.94	1,996.62	1,260.38
3	Himachal Pradesh	727.01	738.80	2,024.48	---
4	Jammu & Kashmir	949.01	745.00	597.68	---
5	Jharkhand	1,242.00	1,245.00	1,739.96	1,381.96
6	Madhya Pradesh	2,658.00	---	610.00	8,509.59
7	Orissa	2,678.91	740.00	1,433.57	5,160.69
8	Rajasthan	14,331.00	7,524.12	23,329.83	---

9	Uttar Pradesh	832.83	37.50	412.89	120.00
10	Uttarakhand		16.00	5.56	19,657.62
	Sub Total	**24,895.62**	**24,873.21**	**37,917.53**	**39,315.24**
B. NE States					
11	Arunachal Pradesh	584.57	356.06	544.80	1,464.54
12	Assam	1,794.48	1,024.33	1,777.06	540.00
13	Manipur	---	126.70	770.50	---
14	Meghalaya	---	9.00	70.50	---
15	Mizoram	100.00	84.00	114.38	286.44
16	Nagaland	107.37	102.30	33.97	---
17	Sikkim	262.32	307.63	358.19	1,840.00
18	Tripura	3,537.26	2,140.50	1,272.00	4,235.98
	Sub Total	**6,386.00**	**4,150.52**	**4,941.40**	**8,366.96**
C. Non-High Focus States					
19	Andhra Pradesh	---	---	130.00	21.00
20	Goa	10.50	1.50	---	---
21	Gujarat	874.00	383.50	1,049.29	---
22	Haryana	---	7.00	75.00	200.00
23	Karnataka	5,337.50	6,368.50	4,154.63	1,202.49
24	Kerala	428.00	581.00	821.31	17,243.82
25	Maharashtra	1,1602.02	9,955.00	18,181.77	---
26	Punjab	300.00	---	---	3,005.00
27	Tamil Nadu	2,927.50	976.25	3,465.90	---

28	Telangana	200.00	630.00	---	---
29	West Bengal	417.75	2,295.75	3,205.81	22,392.31
	Sub Total	**22,097.27**	**21,198.50**	**31,083.71**	**44,064.62**
D. Small States/UTs					
30	Andaman & Nicobar Islands	16.00	8.00	---	---
31	Chandigarh	---	---	---	---
32	Dadra & Nagar Haveli	---	---	---	---
33	Daman & Diu	---	---	---	---
34	Delhi	---	---	---	---
35	Lakshadweep	---	---	---	1,399.11
36	Puducherry	20.00	---	---	---
	Sub Total	**36.00**	**8.00**		**1,399.11**
	Grand Total	**53,414.89**	**50,230.23**	**73,942.63**	**93,145.93**

Challenges of Public Health Education in India : Lack of Awareness and Recognition: Public health is often overshadowed by clinical medicine, leading to fewer enrollments in MPH programs.Limited awareness about career opportunities in public health discourages students from pursuing this field.Shortage of Faculty and Infrastructure: Many institutions struggle with inadequate faculty trained in public health. Infrastructure in public health training centers, especially in rural areas, remains underdeveloped. Gaps in Curriculum and Practical Training: The curriculum often lacks integration with real-world challenges, resulting in graduates with theoretical knowledge but limited practical exposure.

Literacy and Digital Health Education: National Digital Health Mission NDHM aims to digitize health records and improve public awareness about diseases and treatments. Mobile-based apps like Arogya Setu, eSanjeevani, and MyGov Health have helped disseminate health information. Internet penetration in rural India has increased to 38%, improving digital health education access. Public Awareness Programs and Campaigns like Mission Indradhanush, National Tobacco Control Program NTCP. Mental Health Awareness under the National Mental Health Program NMHP**.**

Lack of Health Professionals: According to a report by the National Health Systems Resource Centre NHSRC, India needs over 1.5 million trained public health professionals to address the growing healthcare needs, especially post-pandemic. WHO estimates that India has only one public health professional for every 10,000 people, highlighting the need for more trained professionals. Efforts Related To Public Health Education in India

Limited fieldwork and internship opportunities : Regional Disparities: Most renowned public health institutions are concentrated in urban areas, leaving rural and remote regions underserved. Accessibility and affordability of quality education remain a concern for students from marginalized communities. Lack of Standardization: Public health education in India lacks a standardized curriculum, leading to inconsistencies in the quality of training across institutions. It affects the preparedness of graduates to address real-world health challenges.

Allocations of Union Budget: Increased Allocation for Health: ₹1.23 lakh crore for the Ministry of Health and Family Welfare. Focus on Public Health Education that includes the establishment of new medical colleges and the upgradation of existing institutions to address the shortage of healthcare professionals. Digital Health Initiatives including telemedicine and digital health records, to improve accessibility and efficiency. Continued Support For National Health Mission NHM**.**

Role Of World Health Organisation Welfare Of Indian Health :

Yearly spending on Indian health directly from the World Health Organization WHO is primarily structured as technical cooperation and development assistance rather than large-scale, direct funding of the national health budget. As of 2022, net official development assistance to medical research and basic health sectors in India was approximately US$ 0.19 per capita. WHO's Role in India: The WHO provides technical support, strategic planning, and, as of 2023, is working with India on a five-year, US$ 85 million project regarding the Global Traditional Medicine Centre. Total Health Expenditure Context: India's own total health expenditure public and private surpassed Rs. 9 lakh crore in FY22, with government health expenditure Union and States constituting 48% of that total. Focus Areas: WHO investment in India typically focuses on strengthening health systems, disease surveillance, and pandemic response. The WHO assistance is a fraction of the total health spending in India, aimed at accelerating progress toward Sustainable Development Goals SDG**.** Several crucial health schemes are implemented by the Government of India to support poor, rural, and vulnerable women and children, focusing on reducing mortality rates, improving nutrition, and providing financial security.

Strategic Collaboration: The WHO operates under a Country Cooperation Strategy CCS, 2019–2023, which aligns with India's national health goals, such as Ayushman Bharat, to improve access to quality healthcare for vulnerable populations. Disease Control and Elimination: The WHO provides technical support for major public health initiatives, including the eradication of polio achieved in 2014, Tuberculosis control, HIV/AIDS programs, and the elimination of neglected tropical diseases. Immunization Support: The WHO plays a significant role in strengthening India's Universal Immunization Programme UIP, including supporting vaccine surveillance and campaigns against measles and rubella. Emergency Response: The organization provides technical guidance and support for disease surveillance, outbreak detection, and response to health emergencies, including the COVID-19 pandemic. Policy Formulation: The WHO assists in policy development for non-communicable diseases NCD, air pollution, mental health, and nutrition. While there are broader, independent, and, in some cases, critical discussions in the literature about the limitations of India's healthcare infrastructure, or global critiques of the WHO's handling of the COVID-19 pandemic, the provided documents specifically highlight .The WHO as a partner in improving health outcomes in India

Health spending per capita, 2050 estimates (US$)	Health spending per capita, 2050 estimates ($PPP)	Health spending per GDP, 2050 estimates	Government health spending per total health spending, 2050 estimates	Out-of-pocket spending per total health spending, 2050 estimates	Development assistance for health per total health spending, 2050 estimates	Annualised rate of change in health spending, 2017–50 (US$)	Annualised rate of change in health spending per capita, 2017–50 (US$)	Annualised rate of change in health spending per GDP 2017–50 (US$)		Government health spending per capita ($US)	Difference between government health spending per capita reference scenario and better scenario 1, 2050 (US$)	Difference between government health spending per capita reference scenario and better scenario 2, 2050 (US$
India	65 (52 to 80)	247 (199 to 305)	3·0% (2·4 to 3·6)	25·4 % (18·5 to 33·4)	64·2% (54·2 to 72·6)	0·9% (0·7 to 1·0)	6·07% (4·48 to 7·77)	4·46% (2·90 to 6·14)	−0·84 % (−2 ·32 to 0·75)			

Conclusion:

Studies have shown that in India, the expansion of the public medical training sector reached a standstill after the 1970s. Conversely, the private sector experienced robust growth from the 1980s onwards. Initially, private medical schools began in Southern India during the 1960s and expanded to the North in the 1970s. While public sector schools also increased during this period, the 1990s saw a surge in private institutions in both the well-performing Northern provinces and the Southern peninsula. Post-1990s,

private medical schools also emerged in the less affluent provinces. By 2010, the private sector not only had more medical colleges but also a higher student intake than the public sector, making financial capacity a crucial factor in accessing medical education in India. From 2010 onwards, private sector dominance in medical education had become the new normal. the limited references within the provided documents imply that health educational institutions are integral to improving public health and citizen welfare in India. Their contributions are multifaceted, encompassing research, community outreach, and policy support, which collectively foster a healthier society.

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