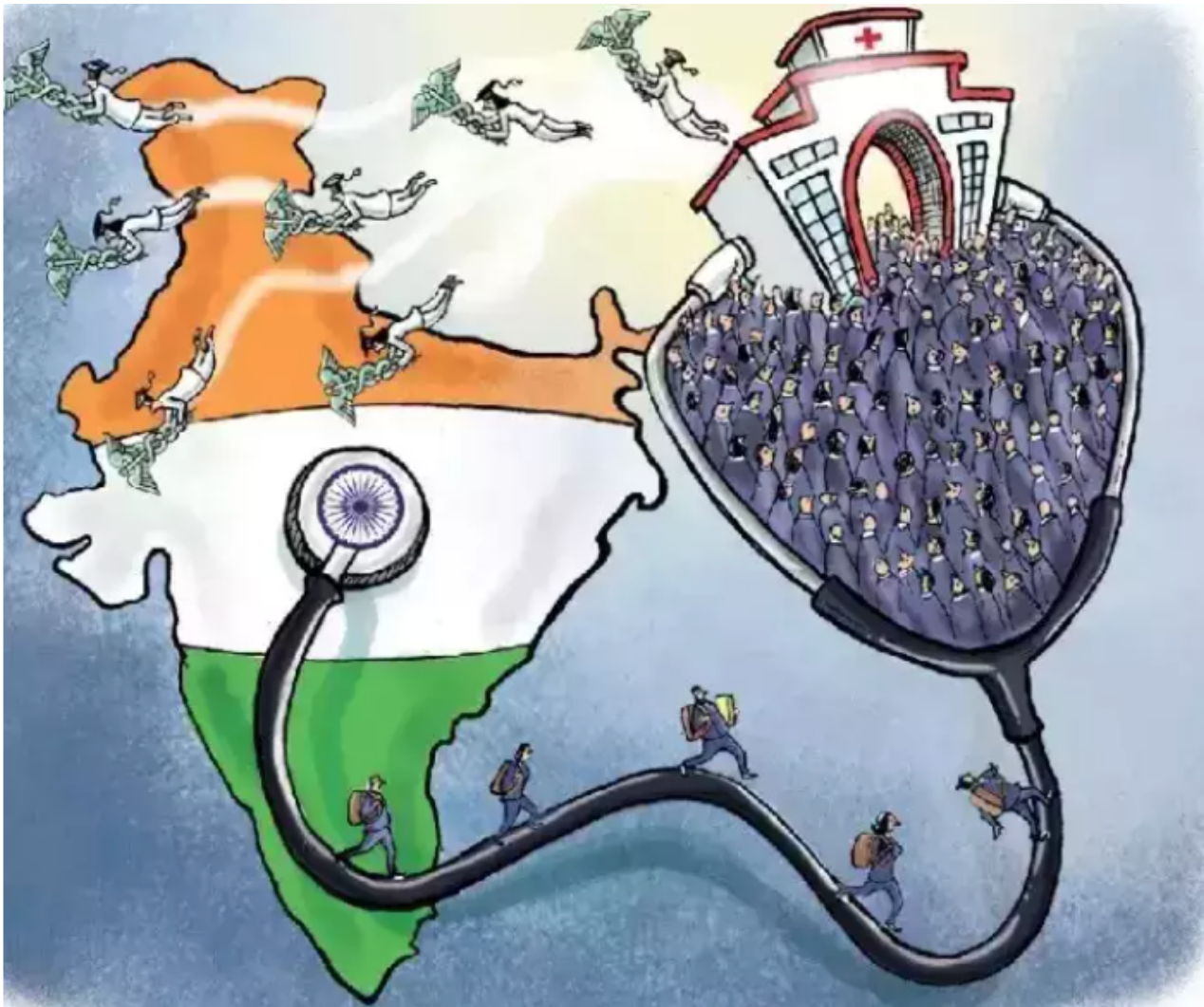


All of us together in 'Health for All'

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by **Mukta Gundi** and **Arima Mishra**

Leaving behind the packed, dusty roads of the city, we reached the lush green forests of Gudalur (Nilgiris district, Tamil Nadu) to visit a tribal hospital in the Mudumalai Tiger Reserve. The hospital board read 'Ashwini - Association of Health Welfare in the Nilgiris: Managed and owned by the community'. The words 'owned by the community' seemed almost idealistic and have lingered in our minds as we celebrate World Health Day on April 7.

On this day in 1948, countries across the globe came together to form the World Health Organization (WHO) with an aim to 'promote health, keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health and well-being'. Seventy-five years later, it becomes crucial to ask if everyone, everywhere has felt the need for achieving this vision. Do all of us believe that we have collective ownership over our health?

Since the inception of WHO, we have been able to tackle some of the toughest global public health challenges, such as smallpox and plague, which have been nearly absent from our lives. In India, the average life expectancy has increased from 32 to about 70 years in these 75 years. The infant mortality rate in the country has reduced significantly from 146 per 1000 live births in 1951 to 27 per 1000 live births in 2022 along with about 75 percent decline in the maternal mortality rate. A variety of actors in different roles have contributed to making this goal a reality - primary health workers, healthcare providers, scientists, civil society activists, policymakers, communicators, philanthropists, administrators, and most importantly community members. However, the journey towards ensuring 'health for all' will remain inadequate and unsustainable if we do not feel the ownership to together achieve health equity.

Collective ownership plays a crucial role in improving the health and well-being of communities. Remarkable transformations have been achieved in communities mobilised to 'own' their healthcare. The work of the NGO *Ekjut* in Odisha and Jharkhand where they have empowered women's groups to identify the reasons for neonatal deaths and tasked them to think, develop and implement strategies to tackle this issue, is one such example. A feminist research collective in Tamil Nadu engages with rural women to help them become 'barefoot gynaecologists' and take charge of their own reproductive health. Jan Swasthya Sahyog in the forests of Chhattisgarh has formed 'Epilepsy groups' for people living with epilepsy. These groups also help other community members in the diagnosis, myth-busting, and treatment management of epilepsy.

However, health equity is not a battle to be fought at the community level alone. There are health challenges for which the global community, including civil society activists, survivors, philanthropists, and policymakers, need to come together. From the 1980s until recently, community leaders, politicians, and activists across Africa and beyond identified HIV as a potential global threat and along with survivors and activists who galvanised people for action and spread awareness, they helped the world cope with this global health crisis. This included battles with some of the most powerful pharmaceutical companies across the world, many of them with revenues greater than their national GDP. It was the collective fight for equitable access to AIDS treatment that pushed the U.S. government to start the President's Emergency Plan for AIDS Relief (PEPFAR), which has improved access to AIDS care for millions of HIV patients across the world.

To ensure that such efforts to achieve 'Health for All' do not remain in isolation, all of us need to agree with Dan Beau champ's imagination of public health as 'a way of doing justice, a way of asserting the value and priority of all human life'. Otherwise, this goal evoked in 1978 will remain an idealistic, distant and abstract vision. A few countries like Denmark, Sweden and Cuba have proudly translated this goal into reality by designing healthcare systems that are based on the foundational principles of health as a human right. These health systems provide a safety net to their citizens, as also a strong ground to transcend market-based arguments about controlling spending on healthcare.

The COVID-19 pandemic reminded us that public health challenges are our shared concerns. The imagination of 'all' in the goal of 'Health for All' is not narrowly limited to only certain segments of society. It rather emphasises the realisation of mutual obligation, interdependence, shared benefits of health and sense of solidarity to ensure that public health moves from its current form of poor-quality, reactive care to accessible, good quality and affordable healthcare for all of us. In the tribal villages of Gudalur, even if one person gets sick, the entire village gathers near the hospital to support the family of the sick. Will we be able to transcend our real or imaginary boundaries to feel such a sense of solidarity for everyone's health? Can each one of us become the actor in achieving 'Health for All'?

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