

Health for all

Sarvejanah Sukhinobhavanthu

(May all men be happy)

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Abstract—The idea of a healthy world is a relatively brave topic to bring to the discussion table. In the following paper, my intention is to define a healthy world and put on paper my views and discuss the practicalities of realizing this goal.

Keywords—healthy world

Introduction (HEADING 1)

‘Where there is righteousness in the heart, there is beauty in the character,

When there is beauty in the character, there is harmony in the home,

When there is harmony in the home, there is order in the nation,

When there is order in the nation, there is peace in the world’

One of the inferences of this translated Sanskrit poem is that it says that we need to look at a micro level to bring about changes at the macro level and probably vice versa.

If we go and ask any common couple with a family, they would be able to explain how much effort goes into keeping a household healthy and happy, we all personally have our little stories of successes and failures. It is not hard to imagine that if we are aiming to achieve a healthier society and world, it would involve more hard work, collective determination, gentle firm leadership and teamwork all the way.

In the following paragraphs, you will see an attempt to discuss

- I. The definition of Health.
- II. The current dynamics of World Health
- III. What are we hoping for in the future
- IV. What can we do to achieve it
- V. What might be the barriers we might face

I. DEFINITIONS OF HEALTH

A. WHO

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

B. Sushruta

Samdosha, samagni, samdhatu malakriyah
Prasannatma, indriyas manah swath abhidayate.
– Sushruta stru 24/41

Health is in balance when all three doshas (bioenergy) and agni (metabolic process) are in balance, and excretions are in proper order. When atman (soul), senses, manah (intellect) are in harmony with internal peace, the svastha (optimal health) is achieved.

C. Maori Concept of Health NZ- Te Whare Tapa Wha

The four cornerstones (or sides) of Māori health include-

- Taha tinana (physical health)

The capacity for physical growth and development. Good physical health is required for optimal development.

- Taha wairua (spiritual health)

The capacity for faith and wider communication. Health is related to unseen and unspoken energies.

- Taha whānau (family health)

The capacity to belong, to care and to share where individuals are part of wider social systems. Whānau (family) provides us with the strength to be who we are. This is the link to our ancestors, our ties with the past, the present and the future.

- Taha hinengaro (mental health)

The capacity to communicate, to think and to feel mind and body are inseparable. Thoughts, feelings and emotions are integral components of the body and soul.

There are very similar parallel running concepts of how the above three cultures define the world as well.

II. CURRENT DYNAMICS OF WORLD HEALTH.

The first word that comes to mind is lack of equity and coherence within countries and in between nations. Discrepancies in Economics, gaps in Legislation and Quality, including health and safety in Industries and on Roads, lack of standardization in Health Systems including Infrastructure, Management, training of Workforce, organization of Primary and Secondary care, R&D and Governance.

A. Economics

	INDIA	NZ	Switzerland	UK	US
GDP per capita US\$	1630	42,401	84,733	45,603	54,629
GDP in trillions US\$	2.06	0.18	0.68	2.9	17.4
Health expenditure per capita in US\$	61	4063	9276	3,598	9146
Health expenditure, public (% of total government expenditure)	4.5%	20.5%	22.1%	16.2%	20.7%
Health expenditure, public (% of total health expenditure)	32%	83%	66%	83.5%	47%
Private health expenditure (% of GDP)	2.7%	1.7%	3.9%	1.5%	9%
Out-of-pocket health expenditure (% of total expenditure on health)	58.2%	10.7%	25.9%	9.3%	11.8%

B. Health and Safety- Safe Roads

- WHO- “The *Global status report on road safety 2013* presents information on road safety from 182 countries, accounting for almost 99% of the world’s population. The report indicates that worldwide the total number of

road traffic deaths remains unacceptably high at 1.24 million per year.”

- “Progress is being made to make the world’s roads safer, but this critical work must be intensified and accelerated. **In 2010 the governments of the world declared 2011–2020 as the Decade of Action for Road Safety.** They invited the World Health Organization to prepare this report as a baseline to assess the state of global road safety at the onset of the Decade, and to be able to monitor progress over the period of the Decade. The unanimous support for this Decade of Action from Member States indicates a growing awareness that the devastating scale of road traffic injuries is a global public health and development concern. This report shows that 1.24 million people were killed on the world’s roads in 2010. This is unacceptably high. **Road traffic injuries take an enormous toll on individuals and communities as well as on national economies. Middle-income countries, which are motorizing rapidly, are the hardest hit**”.
- “About 1.24 million people die each year on the world’s roads and between 20 and 50 million sustain non-fatal injuries. **Young adults aged between 15 and 44 years account for 59% of global road traffic deaths.**”
- Only 28 countries, representing 449 million people (7% of the world’s population), have adequate laws that address all **five risk factors (speed, drink– driving, helmets, seat-belts and child restraints).**
- “This report shows that, with **sufficient political will**, road traffic deaths can be averted.”
- 92% of road traffic deaths occur in low- and middle-income countries. These countries have only 53% of the world’s registered vehicles.
- Vulnerable road users account for half of all road traffic deaths globally. Pedestrians, cyclists, and riders of motorized two-wheelers and their passengers are collectively known as "vulnerable road users". The proportion of road traffic deaths in vulnerable road users is greater in low-income countries than in high-income countries.
- Projected no: of deaths/yr in 2020 after interventions- 1.9 million/yr. Projected no: of deaths/yr in 2020 if something is done now to change the present situation- 0.9 million/yr.
- <http://www.who.int/features/factfiles/roadsafety/en/>

C. Health Systems- Essential Health Technologies

- Nomenclature system- 51% of 171 countries use a nomenclature system for medical devices, of which 27% use a nationally developed one

- Medical equipment (density per million population)- 41 out of 134 countries do not have at least one computer tomography device per million inhabitants
- Lists of medical devices- 41% of 155 countries do not have national standards or recommended lists of medical devices for different types of healthcare facilities or specific procedures
- Health Technology Policy- 35% of 171 countries have a health technology national policy that is part of the National Health Program, while 12% have an independent document
- Procurement- 44% of 169 countries have a national list of approved medical devices for procurement or reimbursement and 73% carry out the procurement of medical devices at national level

D. Health Systems- Primary Health Care

“There is today a recognition that populations are left behind and a sense of lost opportunities that are reminiscent of what gave rise, thirty years ago, to Alma-Ata’s paradigm shift in thinking about health. The Alma-Ata Conference mobilized a “Primary Health Care movement” of professionals and institutions, governments and civil society organizations, researchers and grassroots organizations that undertook to tackle the “*politically, socially and economically unacceptable*”¹ health inequalities in all countries. The Declaration of Alma-Ata was clear about the values pursued: social justice and the right to better health for all, participation and solidarity¹.”

World Health Report- Primary Health Care (Now more than ever) 2008

<http://www.who.int/whr/2008/en/>

III. WHAT ARE WE HOPING FOR IN THE FUTURE

“UHC- Universal health coverage means all people receiving the health services they need, including health initiatives designed to promote better health (such as antitobacco policies), prevent illness (such as vaccinations), and to provide treatment, rehabilitation, and palliative care (such as end-of-life care) of sufficient quality to be effective while at the same time ensuring that the use of these services does not expose the user to financial hardship.”

“...the health goal is closely linked to many of the other social, economic and environmental SDGs (Sustainable Developmental Goals). Intersectoral action, including a major emphasis on promotion and prevention, are urgently needed. To end poverty and boost shared prosperity, countries need robust, inclusive economic growth. **To drive growth, they need to build human capital through investments in health, education, and social protection for all their citizens.** To free the world from extreme poverty by 2030, countries must ensure that all their citizens have access to quality, affordable health services.”

“A significant number of countries, at all levels of development, are embracing the goal of UHC as the right thing

to do for their citizens. It is a powerful social equalizer and contributes to social cohesion and stability.”

Tracking Universal Health Coverage- First Global Monitoring Report

http://apps.who.int/iris/bitstream/10665/174536/1/9789241564977_eng.pdf?ua=1

IV. WHAT CAN WE DO TO ACHIEVE IT

A. Economics

“No one in need of health care, whether curative or preventive, should risk financial ruin as a result. As the evidence shows, countries do need stable and sufficient funds for health, but national wealth is not a prerequisite for moving closer to universal coverage. Countries with similar levels of health expenditure achieve strikingly different health outcomes from their investments. Policy decisions help explain much of this difference.

At the same time, no single mix of policy options will work well in every setting. As the report cautions, any effective strategy for health financing needs to be home-grown. Health systems are complex adaptive systems, and their different components can interact in unexpected ways.... Striving for universal coverage is an admirable goal, and a feasible one – everywhere.” Dr Margaret Chan Director-General World Health Organization in World Health Report 2010

Executive summary-

“The path to universal coverage, then, is relatively simple – at least on paper. Countries must raise sufficient funds, reduce the reliance on direct payments to finance services, and improve efficiency and equity. These aspects are discussed in the.....” World Health Report 2010- HEALTH SYSTEMS FINANCING- The path to universal coverage.

http://www.who.int/whr/2010/10_summary_en.pdf?ua=1

“It is my sincere wish that the practical experiences and advice set out in this report will guide policy-makers in the right direction.”

B. Health and safety- Safe Roads

The UN Road Safety Collaboration has developed a Global Plan for the Decade of Action for Road Safety 2011-2020 with input from many partners through an extensive consultation process through meetings and the Internet. The Plan provides an overall framework for activities which may take place in the context of the Decade. **The categories or "pillars" of activities are: building road safety management capacity; improving the safety of road infrastructure and broader transport networks; further developing the safety of vehicles; enhancing the behaviour of road users; and improving post-crash care.** Indicators have been developed to measure progress in each of these areas. Governments, international agencies, civil society organizations, the private sector and other stakeholders are invited to make use of the Plan as a guiding document for the events and activities they will support as part of the Decade.

http://www.who.int/roadsafety/decade_of_action/plan/plan_english.pdf?ua=1

C. Health Systems

“Health service quality has been defined in a number of ways and comprises at least half a dozen dimensions (27), including patient safety (avoiding injuries to people for whom the care is intended), effectiveness (the degree to which evidence-based health services achieve desirable outcomes), people-centredness (providing care that responds to individual preferences, needs, and values) and integratedness (care that makes available the full range of health services from health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, throughout the health system, and according to people’s needs throughout the life-course).”

http://apps.who.int/iris/bitstream/10665/174536/1/9789241564977_eng.pdf?ua=1

“Good service delivery is a vital element of any health system and is crucial to the achievement of health-related Millennium Development Goals. Service delivery is therefore a fundamental input to population health status, along with other factors, including social determinants of health. The precise organization and content of health services will differ from one country to another, but in any well-functioning health system, the network of service delivery should have the following characteristics: comprehensiveness, accessibility, continuity, people-centeredness, coordination, accountability and efficiency. This signifies an coherent approach to health services organization in which primary, or first contact, level – usually in the context of a local health system/district – acts as a driver for the health care delivery system as a whole.”

http://www.who.int/gho/service_delivery/en/

V. BARRIERS

The main barriers will be human- Bureaucratic, Political, Lack of Leadership, Lack of Motivation, Lack of Persistence, Lack

of Commitment, Lack of will to change, Lack of ability to see out of the box.

“At one level, the importance of UHC (Universal Health Coverage) monitoring hardly needs stating. Without it, policy-makers and decision-takers cannot say exactly where they are, or set a course for where they want to go. They cannot know whether they are focusing their efforts in the right areas, or whether their efforts are making a difference. Less obviously perhaps, effective monitoring – and the solid grasp of quantifiable detail it permits – is crucial for the progress of national UHC agendas. One of the challenges faced in supporting UHC oriented reform is the perception on the part of some ministers that UHC is too diffuse a concept.

That this is more than just an academic issue is borne out by reports that the lack of progress towards UHC observed in some countries reflects a tendency to focus resources on discrete, vertical health programmes because the results are easier to quantify.”

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