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Quarterly

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4 June 2014

A woman buys medicines at the Shaheed Hospital in Dalli Rajhara, Chhattisgarh.

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Public Health For All

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EDITORIAL

The Constitution of India does not guarantee a fundamental right to health; instead, it made ‘public health’ a state subject for legislation and executive action. It is the Directive Principles of State Policy of the Constitution of India (Part IV) and numerous other references that makes it the duty of the state to provide health care to its citizens. As a consequence of this, the knotted relationship between the centre and the states in our federal system becomes even more fraught when it comes to budgetary allocation in the health sector.

The World Health Organization’s declaration of ‘Health For All by 2000’ in 1978 identified primary health care as the key to achieving this goal. India included primary health care as a priority in its successive health policies and responded to the call to action in the Sustainable Development Goals.

Public health in India is replete with paradoxes and unique challenges that seem to be insurmountable, particularly for the poor. The government has introduced programmes and policies for the development of the health sector; however, the majority still have unequal access to health facilities. This volume attempts to untangle the complexities in our public health system. Each issue dealt with can be linked across chapters, giving the non-specialist a holistic perspective. Perhaps the most vital concern is health financing that must increase if we are to achieve equity in access to health. Another significant point is that we cannot see public health in isolation. Instead, it must be seen in conjunction with the country’s overall development.

The theme of public health was originally chosen for the Winter–Spring 2022–2023 issue, but had to be postponed when we found ourselves in the midst of the worst health crisis in recent memory. It was all hands on deck for almost every health professional and this was not a priority. When we emerged from the

pandemic, it seemed the appropriate time to pick up where we left off. I was delighted when Prof K. Srinath Reddy agreed to come on board as Guest Editor. Given his reputation I thought it would be intimidating to work with him but it was an absolute delight. Putting a 300 page volume together is no easy task and he already had so much on his plate. I cannot thank him enough. And, for the few nudges he needed, I must thank Gina Sharma at PHFI for obliging.

The contributors readily agreed to write, responding to our request with great enthusiasm. Without them there would not be a volume. I thank you all.

Finally, the photo essay by Parul Sharma. I need say nothing more about it for it will detract from its mastery.



OMITA GOYAL

FOREWORD

Dealing as we do with problems of contemporary importance and significance for our Members, the Editorial Board decided to bring out a Special Double Issue on Public Health for All. The recent COVID-19 pandemic has shown up weaknesses of current health structures, not only in India but even in the affluent countries. Quite clearly, we were caught by surprise by the emergence of this deadly infection, although we rallied fairly well for the second wave. Having been Union Health Minister myself for several years, I am aware of the shortcomings in our health infrastructure, many of which have been highlighted in the articles contained in this issue. While avoiding repetition I would like to specifically highlight, among others, three areas in which urgent action is needed.

The first is malnutrition. It is a tragedy that even in the 75th year of our Independence millions of children in our country suffer from acute malnutrition which stunts their physical and mental growth. Providing a free meal in all schools will go a long way in helping, and Vitamin D tablets should also be included. Malnutrition is, of course, a function of our poverty. When millions of our citizens still live below the poverty line, widespread malnutrition is inevitable. What is needed are special programmes for nutritional inputs for pregnant and nursing mothers, infants and school children.

The second area of special concern relates to the widespread incidence of diabetes. Our diabetic population is steadily growing and bringing with it the usual complications. This is due partially to our food habits—we are still obsessed with white sugar, white wheat and white rice—all of which not only lack nutritional value but are injurious to our health. We need a widespread public campaign to spread awareness among the people not to throw away the nutritional value of food grains by whitening them and to learn the value of brown rice, whole wheat bread and brown sugar.

Thirdly, the health infrastructure needs to be substantially strengthened at all levels, from the highest institutions down to the primary health centres and its farthest dispensary in the rural areas. In fact, the primary health centre should become the key element in our health infrastructure. Unfortunately, we have the tendency to rush to secondary and even tertiary institutions like the great AIIMS even for simple maladies.

All of this involves one basic decision. The union and state governments must raise the level of provisions for health and family welfare from what is less than 2 per cent of GDP to at least 4 per cent. Unless this is given priority by the union and state governments, the abysmal state of our health infrastructure will not improve.

The articles in this issue have drawn together highly qualified writers from many different fields, and cover a broad spectrum of issues which need to be addressed to ensure Public Health for All. I am sure readers will find these articles of great interest and value, and I take pleasure in presenting this issue of the *IIC Quarterly* to the Members of the IIC.

KARAN SINGH

