

View Point

Public Health needs modified strategy

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MEDICAL SCIENCE is a fast changing field. In fact, the whole concept of diagnosing and treating a patient is modifying rapidly. Benchmarks of the medical progress are continually changing: infectious/communicable diseases ravaged mankind for centuries but the dramatic decline in infectious/communicable diseases, during mid 19th century due to improvements in sanitation, nutrition and general living conditions among affluent countries has changed the picture. But due to re-emergence of certain infectious/communicable diseases the World Health Report 1996 declared that infectious/communicable diseases have not only become the world's leading cause of premature death, but they also threaten to cripple social and economic development in developing countries¹. And here we are living in the twenty-first century still bewildered and confused by infectious/communicable diseases despite the availability of vaccination, latest diagnostic facilities, chemotherapy and above all well-trained medical professionals. What makes the scenario particularly tragic is that most infectious/communicable diseases are easily treatable; the failure is operational one. We have the means to control and eradicate these diseases; but we are not applying them properly. Hence, the appalling global burden of infectious/communicable diseases during new millennium is a blot on the conscience of mankind. Coupled with this cardiac diseases and cancers are claiming more lives in most parts of the world. Depression, diseases related to old age and obesity (considered as mother of all diseases) are becoming more prevalent in many countries. The greatest difficulty in applying the policies against infectious/communicable and non-communicable diseases is the shortage of funds in many countries, precisely those countries with the greatest proportion of infectious/communicable diseases per inhabitant and which are generally lacking in resources and India is one of them. But Epidemiologists and Public Health persons, above all, who are aware of these issues, and secondly those people in Government sector, must persuade ourselves that in order to control these diseases, funds are necessary and without them we will continue to fail.

In our Country too many people die as a result of no access to even the most Basic Health Services. Our goal should be that not a single individual feels in any way less of human being. That means by making it possible for every person to receive good health through developed Public Health System.

It is ridiculous that in the 21st century we are living with and scared of Tuberculosis (TB), Malaria and Dengue in developed urban areas and metros. Although we are not lagging behind, from any Nation in the world; for example, one-third of NASA scientists are Indians, 30,000 Indian doctors are working in USA, 5000 Indian Professors are working in USA Colleges, India has largest English speaking manpower throughout the globe, Information Technology sector of India is second one in the world, Pharmaceutical sector of India is the fourth largest in the world, and so on.

Few more issues merit attention.

1. Hepatitis B virus is more dangerous than Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) but the HIV/AIDS combating campaigns are commanding titanic share and now everyone is milking HIV/AIDS in epidemic proportion and no more paying attention to Hepatitis-B. Although it is agreeable that mankind has never faced a threat as brutal and as dangerous as the HIV/AIDS epidemic but Hepatitis-B, a deadly scourge that is killing more persons in India than AIDS. Worldwide over 2 billion people have been infected with Hepatitis B virus infection and prevalence of Hepatitis B in India ranges between 2-7%². Every year around 100,000 Indians die from Hepatitis-B viral infection. An estimated 40 million of Indians are already permanent carrier of virus. Like AIDS, Hepatitis-B can also be spread through sex or intravenous drug use. But it is hundred times more infectious than AIDS and can also be transmitted simply by kissing or sharing a toothbrush. But the most shocking aspects of the Hepatitis-B's continuing spread is that it is preventable through highly effective vaccine and unlike HIV/AIDS it is available. People need to be educated about this silent killer. Number of people living with HIV/AIDS (Dec 2002) are estimated to be 42 millions. Sub-Saharan Africa is worst affected as it is home for 29.4 million of HIV/AIDS cases, South and Southeast Asia contributed 6.0 million with Indian share 4.0 million that is second after Sub-Saharan Africa^{3,4}. These figures based on trend analysis that is a very poor way of predicting the actual burden. So, the actual assessment of burden of HIV/AIDS and the identification of factors associated with it are important for the control and prevention of HIV/AIDS. To acquire AIDS one has to exhibit a high-risk social behavior; in India, studies documented that mostly HIV/AIDS spreads through heterosexual route. It is our duty to inform the youngsters through awareness programs like "safe sex and how to prevent dangers of unsafe sex". Studies have documented that urban population is generally aware of how the disease HIV/AIDS is transmitted, prevented and treated but there is such lack of knowledge among dwellers of urban slums and villages so it is our duty to inform the inhabitants of our 640,000 villages and umpteen number of urban slums about prevention, safe practices and available health services.
2. Most dengue outbreaks have been documented in urban areas where growth has not been accompanied by well-managed water supply system. Root causes of Dengue fever are the mosquito-breeding sites (stored stagnant water in the over tanks, underground tanks, containers, drums, jars and waste water sites in and around the household. If Government plans for 100% availability of potable water of each and every household daily then there is no need to store water and in turn no mosquitoes.
3. India has lowest ratio of doctors for its immense population. Although infrastructure of hospitals and dispensaries is good but in principle they are lacking from trained medical personnel. Around 80% of doctors and hospitals are located in urban areas where only 35% of population of India residing. Of this nearly half of the population live in urban slums that are devoid of basic facilities such as sanitation, adequate drinking water and health care facilities.
4. The syndrome of eating late, sleeping late and getting up late is taking up epidemic proportion especially in urban areas and for this syndrome appropriate measures are badly needed.

5. Epidemiological evidence links cancers and cardio-respiratory end points to outdoor air pollution. Hence respiratory diseases (asthma, bronchitis, and allergic rhinitis) are on rise in cities because of pollution created by industries or vehicles (auto rickshaws) and dust or pollens⁵. Coupled with this newly built residential societies / areas are lacking in network of pucca roads hence aggravating the allergic conditions further because of dusty kacha roads. Although some builders are ready to construct pucca roads but their hands are tied due to government policies.
6. Various reports from family physicians have documented that certain forms of cancers are on rise in and around industrial areas. So new industries should be set up at adequate distance from residential area and also no accommodation facilities should be provided in and around the industries to the employees.
7. Drugs have increased the prevalence of diseases by increasing the survival period for example drugs for Cancer, diabetes, and hypertension and in turn are increasing the misery of person's life. And also because of different genetic makeup of our diverse population drugs work only 25 to 30% of cases.
8. More emphasis should be given to health and literacy of women. We believe that knowledge can lead to social transformation. If you train a woman, you have trained a house and in turn you have trained a society.
9. Perinatal deaths are largely the result of poor maternal health due to poor nutrition, low socioeconomic conditions and inadequate care during pregnancy, delivery and immediate post-partum period^{6,7}.
10. With the advent of new technologies, especially sonography, it is now possible for couples to know the sex of their unborn child, though it is legally and ethically prohibited, in many cases have an abortion if it is a girl. Coupled with this in some instances because of prevalent social practices by killing the girl child through doodh peeti tradition (of drowning infant girl in milk prevalent in Saurashtra) or by putting a sandbag on her face or by throttling her; happens without any hindrances. The situation is further, inadvertently, complicated by Governments' population policies that encourage the couples to limit themselves to two children. In our country the gender ratio has gone awry dropping to a dismal 933 females per 1000 males. But some States of India are experiencing grave situations like Gujarat (878), Punjab (874), Haryana (861), and Delhi (821). Within two decades, there will be umpteen numbers of Indian men who will be unable to find a girl for marriage. If a large number of young males are unable to settle down in marriages, then there might be rise in social problems including increased prostitution and also rise in crime rates. To prevent the severe social consequences of an imbalanced gender ratio, we should launch a programme to curb a wide-spread practice of sex-selective abortion and infanticide.

During 18th and 19th centuries health conditions of UK and other western affluent countries were same as for most developing countries including India facing right now in 21st century. But by simply improving standards of living, sanitation and nutrition now look where they stand. Hence it is strongly suggested and recommended that the public and private organizations should pay more attention on 100% accessibility of potable water and also make sure that water should be supplied break free to every household. The worst enemies of India are illiteracy, inadequate water and sanitation, precarious and subhuman living condition and poverty and they are also parents of all human miseries. There is also an imperative need for community based

epidemiological studies, as infectious/communicable and non-communicable diseases are major health problems claiming thousands of lives each year. The public and private health authorities and various funding agencies like WHO, UNICEF, UNDP, DIFD etc seem to be preoccupied with combating the various epidemics of communicable and non-communicable diseases and are funding various health programmes to control and/or eradicate diseases, while ignoring to manage the root causes. If these measures should be given due attention and taken properly and adequately then there may not be any need of any well-organized National health program in our country. The western countries did not need any family planning drive to decrease growth rate; general development, economic advancement, gender parity, universal education; high living standard took care of it automatically. Keeping in view the above-mentioned issues Public Health Strategies should be redefined accordingly.

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