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For a Healthy System

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It is odd that medical students are far more exercised about quotas than the state of the poor in the country, the callousness of their professional brethren and India's public health system. People from all sections have difficulty in finding affordable and trustworthy treatment. Infant mortality is unacceptably high at 63 per thousand live births. Epidemics of cholera, plague, kala-azar and dengue have resurfaced and non-communicable diseases are on the rise. The failure is, in large part, due to politicians looking for quick solutions and technocrats being ready to supply them. Single-disease and targeted programmes, focusing on use of technologies for specific problems such as vaccines, had become the dominant form of public health over the last few decades, to the neglect of the general health services.

Therefore, it is heartening to see recent attempts at system-building – the National Rural Health Mission for basic level services, the strengthening of district level hospitals and several AIIMS-like hospitals promised in the near future. This is despite obvious limitations in their frameworks. Another initiative with the stated objective of strengthening the public health system is the Public Health Foundation of India (PHFI). It has announced its proposals for producing a large number of personnel trained in public health. It was launched as a public-private partnership, drawing upon Association of Schools of Public Health, USA.

Whether this strengthening will prove to be socially meaningful will depend upon what kinds of perspectives are brought into the discipline and its work culture. New perspectives are needed in public health, for India and all countries. But no universal prescriptions or blueprints will suit all regions or sub-groups. How far space is allowed for incorporating laypeople's perceptions and for diverse schools of thought within public health will decide the success of any public health initiative.

Approaches adopted in curriculum development and teaching methods will be decisive factors. Will students of public health – today's protestors, please note – be oriented towards the reality of lives of the majority of people, or will they only attempt to replicate the delivery of technologies designed by high income, industrialized societies?

State-of-the-art public health has to be based on priority to poorer regions. It has been seen that experts are often not from poor sections and non-globally linked, vernacular experts are in subordinate positions. Institutional structures should be non-hierarchical, participatory and delivery-oriented if they are to make a difference to the practice of public health in spirit, and not only in a formal technocratic way.

India has a track record of being a pioneer in the field of public health. Indian nutritionists developed vitamin A drops to prevent blindness due to vitamin-A deficiency. The understanding that protein deficiency occurs secondary to calorie deficiency was based on Indian data and provided by an Indian at the helm of research at the UN's FAO. Research in India in the 1960s created the framework for the tuberculosis programme, subsequently adopted by most countries. We have regular national data which is stronger than for most low-income countries, such as from the census and the National Sample Survey. There have been implementation of supplementary feeding programmes of the scale of the ICDS that provides some nutrition to 4.5 crore children everyday.

The All India Institute of Hygiene & Public Health, various institutes of ICMR, the National Institute of Health & Family Welfare, Centre of Social Medicine & Community Health at JNU and the preventive & social medicine departments in medical colleges have been engaged in public health education, training and research for decades. How will PHFI relate to these? Experiences from Latin America, Scandinavia and East Asia can also be explored for diverse options. India is a country with living traditions of multiple healing sciences such as Ayurveda, Unani, Siddha and Yoga, which public health has to understand and draw upon. PHFI, therefore, carries a big responsibility on its shoulders when it aspires to impact on the health system. So do today's medical students, excessively concerned about their careers.
