



Long-drawn challenge

 sanskritias.com/current-affairs/long-drawn-challenge



(Mains GS 2 : Issues Relating to Development and Management of Social Sector/Services relating to Health, Education, Human Resources.)

Context:

- Population health is more than just the health of all individuals is well reflected from the suicide rates where distinction between population and individual health is clearly demarcated.
- Thus, trying to improve population health with merely individualistic strategies is foredoomed to failure and inefficiency.

Individualistic policy:

- In the previous decade, the government acknowledged that the focus of Indian public health remained near-exclusively on maternal and child health and infectious diseases for too long.
- The peg was proposed to be moved over to non-communicable diseases (NCD) and chronic illnesses, whose rising prevalence portends huge economic and productivity losses.
- Thus stakeholders need to follow a set of essentially individualistic policy measures in the form of enhanced NCD screening and management infrastructure, wellness and lifestyle interventions, patient referral mechanisms, and so on.

Policy attention:

- While individual and population health are inexorably linked, the causes, and thus the interventions required to address them, tend to be different.
- The array of population-level determinants of NCDs are deeply intertwined with social, economic, and political dimensions.
- To reflect the enhanced policy attention to NCDs in contemporary times, population-level representative surveys seem to be embracing an expanded set of indicators including blood pressure and blood sugar.

Case study of Netherlands:

- In 2007, the Minister of Health of the Netherlands expounded their ideas on improving population health by exploring the inter-relationships between health and other related sectors such as economy, housing, social cohesion and environment.
- Soon, however, the reductionist tendencies of organised medicine came into play, turning it into a paradigm of personalised preventive medical care, backed by health insurance and dominated by healthcare professionals.

Natural extension:

- The Indian approach to NCDs shows a natural extension of the Netherland system as with Health and Wellness centres, publicly financed health insurance schemes, and vertical NCD control programmes, the entire initiative to address NCDs has been subsumed into a largely biomedical paradigm with scarce vestiges of the social sciences.
- The private sector has come to complement this with a large array of self-tests, over-the-counter products, and lifestyle-change gimmicks.
- This is while overarching public interventions, which could also help raise much-needed revenue for health, such as sin taxes, attract hesitancy.

Reductionist approach:

- This reductionist approach rides the crest of an undue reliance on medical and healthcare professionals for all public health solutions, and a policy myopia that fails to appreciate that tackling NCDs warrants action across a range of sectors besides health.
- The bigger menace is that this approach is entrenched in political and public health tradition.
- This even reflects in the way it impacts our research priorities for NCDs, which remain concentrated on lifestyle and individual-level NCD determinants and solutions.

Equitable distribution:

- The elusive nature of social determinants has traditionally drawn funders and policymakers towards the better defined, easily actionable, albeit short-lived and inefficient technocratic solutions to mass health issues.
- These technocratic approaches have resulted in a flawed perception that social action for health is a high-order initiative reserved for affluent countries.
- Developing settings like India can gain far greater health for every rupee spent, by investing in social determinants and the same makes for a strong ethical case as well, by ensuring equitable distribution of such gains.

Conclusion:

- The push for digitisation must be mobilised to generate enough evidence for resolute action on social health determinants.
- Government policy pronouncements will need to enshrine actionable points and explicit mandates to address social health determinants.