We Can Achieve Sustainable Development Goals for Health-

Strategies for Accelerated Growth

**Approximately 3 million years of healthy life are lost in India each year due to medical errors, as per the landmark report by an Indian doctor from Harvard School of Public Health!**

**Cases relating to medical negligence are piling up in courts! It is understood that a major chunk of 3.5 lakh pending cases in Consumer Forums across country relate to this segment!**

**Here are some more eye-openers:**

In the path-breaking case of[**Indian Medical Association V/s V.P. Shantha**](http://www.corecentre.co.in/members/database/display.asp?result=1995coreSC132.xml&sType=Caselaw&rdL=j&lstDay=&lstMonth=&lstYear=&lstCrit=4), (AIR 1996 SC 550) the Supreme Court had upheld that a doctor can be held liable under Consumer Protection Act 1986 for deficiency of service. There have also been some landmark cases like that of US-based doctor Kunal Saha, whose wife had died in 1998 due to negligence of some doctors in Kolkata. After fighting for 12 long years, the National Commission ordered **compensation** of Rs 1.73 crores in 2011, which was further enhanced to around **Rs 6 crores** by the Supreme Court during 2013!

**The Medical Council of India (MCI) was set up to regulate medical profession.** MCI and State Medical Councils are empowered to take disciplinary action when prescribed Code of Ethics is not observed by the doctors. They are even empowered to debar doctors from practicing medicine. Had they acted on their mandate, Courts would have been spared of thousands of cases being filed due to unethical medical practices! And consumers would have been spared of the trauma of unending fight to safeguard their right to health!

Despite huge network of hospitals, dispensaries and sub-centres set up by the Government in each and every State, over **70% patients in rural areas and 80% in urban areas still prefer to go to private sector!** This may be due to absenteeism of doctors and para-medic staff, coupled with poor upkeep, lack of medicines, non-functioning of testing facilities etc.

Lack of confidence in Govt health facilities drives people, particularly in rural areas and urban slums to quacks. It is estimated that **Delhi**alone has around **40,000 quacks!**

The urban middle class often takes recourse to private hospitals, which are being set up by big business houses on commercial lines. The doctor-patient relationship, which used to be of utmost faith, is dwindling. **Medicine has become a business** and patients are treated as clients or customers – or better still – cows, waiting to be milked!

**Unholy Nexus between Doctors and Pharmaceutical Companies** is leaving huge holes in the common man’s pockets.

**Prenatal sex determination tests,** though illegal in India, are flourishing. The magnitude of the problem can be visualized by the **declining trend of child sex-ratio** (0-6 year old). Even in Delhi, the capital city of India, it is seeing constant decline, from 915 females per 1000 males as per 1991 Census, to 868 in 2001 and 866 in 2011!

**Doctors are not allowed to advertise.** But they are advertising not only their hospital/ clinic but also soaps and toothpaste!

It is unfortunate that even today we have to live with this reality!

***Nevertheless, we are doing very well, in several spheres!***

It is heartening to see that following the agenda set by United Nations through ‘Sustainable Development Goals’, Govt of India has taken many positive steps. A few of them are given below:

1. The Ministry of Health and Family Welfare in Govt of India has come up with a comprehensive **National Health Policy-2017** with the noble goal of attaining ‘the highest possible level of health and well-being for all at all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence’.
2. 895 medicines, including those for HIV/AIDS, Cancer, Diabetes, Cardiovascular etc were under price control, as on 29th August, 2016. The list is constantly increasing, with stents and implants also coming under purview of price control. Deptt of Pharma in GOI had also set up a **Committee for ensuring enhanced accessibility of drugs to the poor** on 31st March, 2017. And more recently, it has come out with a **Draft Pharma Policy, 2017**.
3. **Patients’ Rights** are now being acknowledged! National Human Rights Commission (NHRC) had set up a Sub-Committee of its Core Advisory Group on Health for drafting a **Bill on Patients’ Rights** in May, 2017. The Committee has since submitted its Draft Charter of Patients Rights to NHRC!

**Suggested Strategies for Accelerated Growth**

The problems are so massive that multi-pronged strategies have to be adopted for their resolution. Each and every actor in the arena will have to play the assigned role with full commitment and perfection.

**Our Governments can make a difference by adopting innovative ways for ensuring successful implementation of their policies**

* Health should get priority attention, not only in the budget of the Government but also in terms of **‘Patient Rights’**, which need to be well documented and enforced.
* The overall functioning of all regulatory agencies like Medical CounciI of India, National Pharmaceutical Pricing Authority etc should be periodically reviewed and they should be subjected to a rigorous **‘Consumer Satisfaction Test’** to determine whether they have been able to rise to the expectations of consumers.
* It has to be ensured that hospitals and dispensaries are not only well staffed and equipped, but also well managed with compassion and care. There is need to build **computerized systems of remote monitoring** to deal with problems of absenteeism and inefficiency, plaguing our health institutions.
* For enhancing access to affordable drugs, **Jan Aushadhi (People’s Medicine outlets opened by GOI) based pricing** has to be adopted for medicines covered under price control. Also **on-line Jan Aushadhi stores** need to be opened without delay with a mission to reach out to more people.

**The Corporate World can also make a difference**

* The corporate world can make a difference by making ‘Health’ as their preferred activity under corporate social responsibility. There are several instances of them already making substantial contribution to the health related issues. But, seeing the magnitude of the problems, others should also come forward. They can adopt some villages or urban areas and just as they monitor the growth of their company, they may derive satisfaction by monitoring the improvements in the health status of the target population! I am sure, the effort will bring overall cheer to the company; improving health of the target population will also improve the goodwill and profitability of their company.
* Governments may also consider encouraging corporate world to come forward and assist in this noble endeavour by providing to them some incentives in taxation or otherwise.

**Pharmaceutical Companies should not shy away**

* Pharmaceutical Companies should come forward and **provide essential drugs at affordable prices.** This will not be a losing game for them because they will still be earning nominal profit. However, if they hesitate to come forward on their own, Governments could force them to do so by including enabling clauses in the policy and regulatory framework.

**School teachers can make a big difference**

* School teachers have big influence on their students. They can safely extend this influence to include health awareness and care in a playful manner. This can be done in 3 stages.
	+ **Stage 1:** Inculcate healthy lifestyle amongst children by encouraging them to eat healthy food and organising quizzes/contests around health related topics.
	+ **Stage 2:** Sensitize them to the health related problems faced by the underprivileged children. Encourage them to prepare a scrapbook in which each child keeps track of one underprivileged child in terms of immunization, nutrition, hygiene, drinking water and medical care in the event of sickness.
	+ **Stage 3:** Encourage the child to transform his/her observations into action. Simple steps like insisting for the full immunization of the underprivileged child or medical care when the child is sick will go a long way in improving the health of the underprivileged child. Parents and siblings will need to be sensitized so that they also play a supportive and appreciative role in this endeavour.

**College students need not be far behind**

* College students have to play equally important role by generating awareness regarding public health issues, hazards of junk food, unprotected sex or smoking and drug abuse etc. They may be encouraged by the college authorities to set up Health Clubs in their institution, which could take up some direct community work, in addition to organising quizzes and contests from time to time.

Considering the fact that the network of educational institutions is much larger as compared to hospitals and dispensaries, teachers and students together can bring about substantial improvement in the health status of the nation, if this valuable resource is tackled in a targeted manner.

**Active participation of masses is the need of the hour**

Everyone talks about what the Governments should do, what other institutions should do, but nobody talks about what I can do! **The transformation has to start from me**.

You may be a busy executive or a retired person. You may be a student or a housewife. Whatever you are, you can always spare a few moments for achieving the SDGs, which also represent human rights.

The easy starting point would be to form a **Catalyst Group** of your own in your neighbourhood or work-place. The Catalyst Group could take up the cause of human rights/SDGs for health with focus on improving awareness, quality and availability of health services within easy reach of every citizen.

**How to form Catalyst Groups?**

A Catalyst Group is a group of like-minded people willing to work for a common cause on a voluntary basis. It can be a group of house-wives or young people or children or retired people or people in any profession or trade. It can also be a mixed group, consisting of all kinds of people in all age-groups. A Catalyst Group should mobilize members in the range of 10-15 or more, depending on their interest.

* Each Catalyst Group would select a Group-Coordinator and a Treasurer. The Coordinator would have the overall responsibility of mobilizing and motivating the group and initiating activities with the cooperation and support of the members of the group. The Treasurer would be responsible for collection of annual or monthly membership fee and maintaining accounts of income and expenditure.
* The subscription may be kept low as a token, mainly with the idea of creating the spirit of belonging. The main resource of the Catalyst Group is its members and not the money. Each member will contribute some time and energy on the activities of the group on a regular basis.

**How to take up Activities?**

The Catalyst Group would initially meet at least once in a week and chalk out its activities. It may meet more often, as per actual requirement, in the beginning. After the activities are set, it may meet once or twice in a month.

The Catalyst Group committed to Health may adopt the following line of action:

* Identify a slum or village in its neighbourhood, where people from underprivileged sections of society are residing.
* Generate awareness amongst people in that area regarding health and hygiene. Prevention is better than cure and many diseases can be avoided by adopting right practices. Motivate them to do so.
* Supplement this effort by organising service-cum-counselling camps with the assistance of expert doctors as per fixed schedule.
* Provide recreational facilities to make such efforts more acceptable.
* Maintain liaison with local dispensary / hospital, grass root leaders and other enlightened citizens of the community. Efforts should be made to improve the quality of medical care by eliciting support of these pressure-groups.
* If there is no dispensary within easy reach of your target population, the Catalyst Group, with the support of local pressure groups, could persuade the concerned authorities to open one.

The Group would identify the resource available with it. It will make a list of members who are willing to

* Provide free medical care to the target population on a fixed day in the week. They should be qualified doctors.
* Provide counselling for adoption of healthy practices. This may be in coordination with existing dispensary / hospital or an independent effort.

* Organize awareness generation/practice sessions for yoga, exercises, healthy eating etc
* Take care of recreation needs.

Now, the Coordinator would arrange things in such a way that everyone willing to contribute is able to derive fullest possible satisfaction from his / her contribution. While some small gaps in the activities of the Group may be filled up by making use of the amount collected through membership subscription, the effort should be to mobilize need-based contribution from the members, residents and beneficiaries. Each member may, for example, contribute one game or toy or book or drawing colours for the recreation centre. They may also donate spare medicines for the health camp.

Besides day-to-day activities, some special events and competitions may be organised to keep the members of the Group as well as its beneficiaries alive. Healthy Baby Shows, Painting Competition, Debates, Sports Day are some of the suggested activities

It is important for sustained success that you maintain high moral standard at all times and set an example of selfless service. You also need to adopt innovative techniques as per local situation.

If some Govt functionary, posted in a remote village, chooses to deviate from the tasks assigned to him, it may be difficult for the Govt to directly oversee it. However, the catalyst group in that village can make a difference. On the one hand it can act as facilitator for that functionary by finding local solutions to his localized problems, on the other hand it can take him to task by penalizing him if he deviates from the role assigned to him. For example, the Catalyst Group can establish rapport with the doctors and staff of the local dispensary and extend help in filling up small gaps in facilities to help improve their efficiency. If the building of the dispensary is leaking or some small gadget is missing or out of order, such problems can be resolved locally by the Catalyst Group. However, if the doctor or other staff does not attend to assigned work with sincerity and regularity or resorts to unfair practices, the Catalyst Group can report the matter to the authorities and get him penalized. The Catalyst Group can also adopt some motivating techniques for sincere and well meaning staff. Their services may be appreciated by awarding them a small memento or a Certificate of Appreciation at a public function, which may be arranged locally.

**If such Catalyst Groups are set up in each and every locality and continue with their operations with full sincerity, success in achieving SDGs cannot be far behind!**

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