The Tilted Balance Of Healthcare

N Arora, A Banerjee, A Banerjee

Citation

N Arora, A Banerjee, A Banerjee. *The Tilted Balance Of Healthcare*. The Internet Journal of World Health and Societal Politics. 2007 Volume 5 Number 1.

Abstract

Man has started his journey from a homogenous environment devoid of any differentiation and discrimination. Slowly with the developing civilization, differences sprouted and harsh realities of prejudices surfaced. Today we live in a world where the globe is classified not geographically but on the scale of development in developed and developing countries. Apart from the three basic needs i.e. food, shelter and cloth, the other most important need is health. Nobel laureate Amartya Sen (2002) has described health as one of "the most important conditions of human life and a critically significant constituent of human capabilities which we have reason to value." Health of an individual does not affect only the household but the nation itself directly or indirectly in terms of treatment and health care cost, work hours lost, Disability adjusted life years (DALY), reduction in household income and GDP generation. A dividing line is drawn between poor and rich, within as well as between countries by disparity in resource allocation in health care. In the health-equals-money world, well-heeled societies enjoy high life expectancy and good quality of life owing to availability of best drugs, the best healthcare facilities. While enjoying such privileges, these affluent societies tend to neglect the plight of their underprivileged brothers from the developing countries who are dying for the want of better healthcare. The insurmountable burden of the diseases and conditions that are addressed by Millennium Development Goals (MDGs) is confounding. The mammoth proportion of deaths attributed to these diseases warrants the need of evaluation of our goals and policies in our crusade against these diseases. This burden of death and suffering is heavily concentrated in the world's poorest countries. Despite the mushrooming of various global initiatives to bridge the gap among the haves and haves- not, a gigantic under-investment in health research relevant to the needs of low-and middle-income countries still persists. It is projected that approximately 9 percent of global gross domestic product (GDP) was spent on healthcare worldwide ([1,2]) in 2001; however, only 12 percent of this amount was spent in Low and Medium Income Countries (LMIC), which abode 84 percent of the global population and account to 92 percent of the global disease burden ([4]). This skewing of resource allocation in favor of privileged countries is widening the gap among the rich and poor ([3]). '10/90 gap', a term to highlight the inequality and inequity in funding for R &D in healthcare is still increasing. In the developing countries, often the need of research in healthcare and treatment is unmet. There is no one-size-fits-all solution to the challenge of providing access to sustainable healthcare in resources poor third world countries. The World Bank estimates that an annual healthcare expenditure of $14 per person is the minimum requirement to provide the most fundamental services. Yet the average spend in sub-Saharan Africa, for example, is currently only $6.There is no better time to discuss the problem of infectious diseases and the concern of getting fair share than this. Global warming and environmental changes are aggravating the risk of these diseases and spread of transmission. Re-emergence of small pox and Chikungunya years after the physicians and policy makers have forgotten them, gives a cue of the danger we are facing. The problem of morbidity and mortality concerned with these diseases is a shared responsibility and demands collective efforts involving the country concerned, international governments, NGOs, the corporate sectors and affected communities." Understanding "No man is an island in himself", developed countries can not simply aloof themselves in this era of globalization. But halfway from declaration of millennium goals where do we stand now? Are we progressing on the right path or have diverted from our goals? Are we really trying to contribute in crusade against the neglected diseases or simply sweeping just below the carpet? What could be the reasons leading to rise of

communicable diseases and our continuous failure to curb them despite multilateral efforts on a global level. Foremost problem is identification of target diseases and target populations. Usually the lion's share of grants from developed countries goes in funding research in traveler's diseases, and thus core problems faced by developing countries remain unsolved. Neglected diseases never get the focus they deserve and hence the problem remains deeply rooted. Some proponed that developing countries should engage only in problem oriented research specific to their region. This argument does not hold good in today's materialistic society as it will kill the reciprocity.A foremost letdown has been disproportionate accrue in availability of better healthcare to affluent people while completely sidelining the needy. Geographic targeting can lead to devising better resource allocation strategies for channelizing resources to more endemic zones. Reducing bureaucracy at different infrastructure levels can also improve performance of health care system. The blanket subsidies covering one and all often prophesized by countries often fail to target interventions on the priority basis. Paucity of fund is not the only impediment to development in healthcare infrastructure and R&D but also the lack of direction and will. A proper implementation of all successful programs calls for technical innovation and, political consensus, information dissemination, proper allocation of funds and community participation

According to John Donne

"No man is an island, entire of itself;
every man is a piece of the continent, a part of the main;
if a clod be washed away by the sea, Europe is the less,
as well as if a promontory were,
as well as if a manor of thy friends or of thine own were;
any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for thee."

Summing up, we need to join hands in this race against time to combat these diseases.

CORRESPONDENCE TO

Ananya Banerjee Department of Microbiology P.E.S Institute of Advanced Science 50 Feet Road, Banashankari 1st Stage Bangalore-50 India. Email: ananya_genetics@yahoo.com

References

1. Global Development Finance: Harnessing Cyclical Gains for Development.Washington, DC:World Bank.2004.
2. World Development Indicators. Washington, DC: World Bank. 2004.
3. World Health Organization. The world health report 1999: making a difference.Geneva: The Organization; 1999.
4. Mathers, C. (2002). Health expectancies: An overview and critical appraisal. In: Summary Measures of Population Health: Concepts, Ethics, Measurement and Applications. C. Murray, J. Salomon, C. Mathers, A. Lopez and R. Lozano. Geneva, World Health Organization: 177-204.

Author Information

Neelima Arora, M.Sc.
Research scholar, Zoology department, Osmania University

Amit Kumar Banerjee, M.Sc.
Proximal Education Department, NALSAR University of Law, Barkatpura

Ananya Banerjee
Department of Microbiology, P.E.S Institute of Advanced Science