

Our health today

Last ten years have shown marked improvements in many areas of human development. The World Bank reports that the world-wide rate of extreme poverty fell more than half, from 18.2% to 8.6%, between 2008 and 2018. Last year the World Data Lab calculated that for the first time, more than half the world's population can be considered 'middle class.' Health of people has also improved significantly, as the worldwide mortality rate for children under five "declined from 5.6% in 2008 to 3.9% in 2018." Annual deaths from natural disasters have also dropped.

Notwithstanding these improvements, it is also true that many parts of the world are facing catastrophic environmental disasters or fearing it. Unacceptable differences in rich and poor countries are starkly visible due to the lack of ignorance and poverty. Maternal mortality related to childbirth in many parts of the world is still 100-500 times greater than the rate in high-income countries. In 2018, the under-five mortality rate in low-income countries was 68 deaths per 1000 live births – almost 14 times the average rate in high-income countries (5 deaths per 1000 live births).[\[1\]](#)

Malnutrition continues to be a major public health problem throughout the developing world, particularly in southern Asia and sub-Saharan Africa. Child malnutrition is the single biggest contributor to under-five mortality due to greater susceptibility to infections and slow recovery from illness and in terms of mortality, morbidity, mental capacity and economic productivity.[\[2\]](#) Moreover, the new emergent reality that double burden of malnutrition (overweight and obesity) alongside undernutrition (stunting and wasting), is that undernutrition and overnutrition are interconnected and, therefore double-duty actions that simultaneously address more than one dimension must be implemented for policy solutions to be effective at all levels of the population—country, city, community, household, and individual.[\[3\]](#)

Half of world's population do not have access to health care they need. WHO considers the next decade to be a time for Universal Health Coverage (UHC), meaning that all people have access to the health services they need, when and where they need them, without any financial hardship. WHO's work is aligned with Sustainable Development Goal target 3.8, which focuses on achieving universal health coverage for all by 2030.[\[4\]](#) Although a utopian idea, increasingly it is being equated by governments to illness care for all, and the preventive approaches to address the precursors to these illnesses are given little importance.[\[5\]](#)

Two missing links fundamental to achieving UHC are comprehensive Primary Health Care (PHC) and community participation - where local people take the responsibility of their own health.

PHC, an approach to health care for the whole community focusing on people's health needs by providing continuum of care from birth to death.[\[6\]](#) Although great strides have been made in the delivery of PHC, it remains incomplete and largely focused on clinic-based illness care and vertical approaches for specific conditions. Preventive approaches are required through a comprehensive maternal and child health (MCH) programme. MCH care needs to be considered a priority at PHC level which is the only hope for UHC for the whole population. Preventive approaches can only reduce the burden of disease. Many proven interventions in maternal and

child health are available. MCH care must incorporate much needed nutritional needs for both children and adults, immunisations, maternal care - before, during and after childbirth, family planning and adolescent care.

Sustainability of comprehensive programme is only possible if communities take the responsibility of their own health. The village health committees, with village health worker (VHW) taking the lead, organises a monthly MCH programme for their own village, where systematically the health needs of all Under-fives and women in reproductive ages are addressed; the technical support coming from the PHC team from the health centres for immunisations, new-born care, antenatal and postnatal checks and referrals. With support and training of VHWs, they can provide backing for antenatal care and counselling on child care, breast feeding and healthy eating, height and weight measurements of children using free WHO Anthro software. VHWs know all about the births and deaths in the village and systematic recording of these vital stats and population data updates can be made in the village population registers. These registers are vital for universal health coverage. Affordable information technology exists and can make data collection and updates even simpler and more reliable. With adequate support and continuous education VHWs can be a sustainable source for continuum of care.

To conclude, comprehensive PHC for the whole population and communities taking responsibility of their own health, Universal Health Coverage can become a reality.

References:

[1] WHO. Global Health Observatory data.

[2] Impact of Malnutrition. <https://motherchildnutrition.org/malnutrition/about-malnutrition/impact-of-malnutrition.html>

[3] https://www.thelancet.com/series/double-burden-malnutrition?dgcid=etoc-edschoice_email_t1malnutrition19

[4] Universal Health Coverage. https://www.who.int/health-topics/universal-health-coverage#tab=tab_3

[5] Brundtland. India's health reforms: need for balance. Lancet 392 6 Oct 2018.

[6] Kerber et al. The continuum of care for maternal, newborn, and child health. Lancet 370.13 October 2007.