Ensuring Good Health and Well-Being in India

The world today has over 7.6 billion people living in a well connected global society. Unfortunately, almost half of the world, 3 billion people, live on less than 1 dollar a day, trapping them in poverty. To ensure a better society for all global citizens, the United Nations created 17 UN Sustainable Development goals in 2015 with over 169 total targets to be reached by 2030. With these goals, the hope is to improve the world by focusing on the sustainability of the climate, energy, cities, foods, land, and much more. I believe that the most important goal out of the 17 is goal 3, proving good health and well being for all. I believe this because health is an essential component required to reach all other goals. It is quite simple, if people are sick they cannot work, then they cannot make the necessary advancements to reach the other goals. Most importantly, this is one of the contributing factors to poverty where people acquire medical debt and simply lose the ability to work because of illness. With a grant form the Bill and Melinda Gates Foundation, I hope to work towards achieving goal 3 in the country of India. I would focus here because it is the second most populous country in the world with 1.3 billion people. Also, they have some of the highest prevalence rates of infectious diseases along with other common health problems.

As of today, India has slightly more than 2.1 million people infected with HIV/AIDS along with over 2.2 million people a year being diagnosed with tuberculosis. Recently, with help from the Global Fund, India has negated the major effects of malaria with successful distribution of artemisinin therapy and 10 million insecticide-treated nets to its people. The Global Fund has also contributed money to treat more than 2.6 million suffering from various strands of TB. Out of this deadly triade of infectious diseases, HIV has been the toughest for the country to tackle. Since the HIV crisis of the 1990's the country has slowly begun to treat more people suffering

from this disease with big pharmaceutical companies allowing cheaper generic drugs to be created. Still, only 900,000 people infected by HIV (42%) receive the vital ARV (Anti-Retroviral Therapy) to prolong their lives. Since these infectious diseases are such a big focus in the world of aid many other diseases are neglected. Non-communicable diseases such as stroke, diabetes, cancer, chronic lung diseases, cardiovascular diseases, as well as accidents and injuries account for over 40% of hospital stays in India. These incidents that are responsible for a major proportion of mortality and morbidity have mainly been caused by rapid increase of urbanization that created a change of life style. However, the most neglected category of diseases in India has been mental disorders. There are only 43 government funded mental health hospitals in the country that give help to over 70 million people living with mental disorders. Since there are so few facilities for so many patients it is estimated that there are 3 psychiatrists for every 1 million people. Overall, India only spends one percent of its GDP on health and from that small percentage they spend one percent of that on mental health. There is room for much improvement to provide the proper health care the people of India deserve.

The disparities between the global standard for health care and India's is a major concern of mine. With this grant, I plan to create a program with a system that addresses all aspects of health. Since 70% of people still reside in rural areas, it is obvious that there needs to be more access to health programs in these areas as people in cities are better connected to these services. Working closely with NGO's and India's government (MOH's), I hope to start up by improving programs that have already been set in these places such as TB treatment centers. Already having these centers in rural communities will allow a proper use of medications and proper health care for these people. These places would not only be supplied constantly with proper treatment for infectious diseases such as HIV, but for other diseases as well with the most up to date

equipment to diagnose people of such illnesses. In order to make this efficient, I would make sure that the facility had trained technicians to fix the equipment if needed as well as to have compounding pharmacists on site. These pharmacists only need the most basic ingredients to make generic drugs to combat the symptoms of many diseases which saves costs from directly buying the same medication from companies. Physiatrists would also be needed to address possible mental disorders. These positions would be filled by local students who would be trained by professors willing to help stimulate this program with their many years in their respected fields. Along with trained health care workers, the staff of these centers would have to be paid well enough so they do not leave the country for better pay, eliminating "brain drain". For the communities to be more adherent to treatments or simply just going in for check-ups, I would hire community health workers to help with this. All community health workers need basic training to do their jobs effectively. These workers have solid relationships with the people of the community and this will create trust between them and the center therefore increasing adherence to medications as well as check-ups. Another important job component for community workers is education. They can distribute pamphlets in the specific dialect of the people, informing them on the center and basic ways of prevention of various amounts of diseases. Overall, making this program centered around local people not only receiving care but giving it will create a sustainable system where India and other Global South countries to be less dependent on outside resources.

Sources

Health - United Nations Sustainable Development. (n.d.). Retrieved February 23, 2018, from

http://www.un.org/sustainabledevelopment/health/

Country. (n.d.). Retrieved February 23, 2018, from

http://www.theglobalfund.org/en/portfolio/country/?loc=IND&k=7c973abd-19b9-486b-

956a-8ddeb7dd3f58.

Upadhyay, R. P. (2012). Retrieved February 23, 2018, from

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3481705/.

Mental health care in India: restoring hope and dignity. (n.d.). Retrieved February 23, 2018

from http://www.who.int/features/2015/mental-health-care-india/en/.

(n.d.). Retrieved February 23, 2018, from https://www.gapminder.org/