**Health inequity**

BY Z U B E I D A M U S T A F A | 5/24/2019

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| THE recently launched report of the National Human Rights Commission`s Karachi chapter on health as a human right is indeed timely. The report seeks constitutional changes to make the citizens` right to health justiciable.  Of great significance is the report`s redefinition of the term `healthcare` which has conventionally been interpreted very narrowly in Pakistan as providing treatment for the illnesses that afflict people in the country. Preventive medicine and the social factors leading to diseases (termed as social determinants of health) are generally ignored by those managing the health sector. The fact is that healthcare in Pakistan is dominated by the pharmadriven allopathic medicine.  The NHRC report reminds us that the WHO defines health differently. It is said to be `a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity` There is another problem with our health system. It is highly inequitable. LA.  Rehman, former chairperson of the Human Rights Commission of Pakistan, in the foreword to the report notes how skewed our health sector is against the poor. He writes, `The colonial government`s health policy was inadequate without the underpinning of a holistic approach to the right to health.  . The colonial structure of public health service has been retained in Pakistan with significant addition of special facilities at the topechelonsforspeciñcdiseases ofthe heart, kidney and the brain. The capacity of the structure of medical facilities has been adversely affected by the lack ofadequate training of nurses, compounders and paramedics.  This is a strong indictment of the country`s national health system. No one can deny the accuracy of this charge. WHO`s observation, as cited in the report, is that structural inequities are the root cause of violations of the right to health of the people.  If the report manages to change the national discourse on health it would have served a useful purpose. The need is to create an awareness of how inequity can be intensely destabilising, apart from the fact that the health of the population must be treated as an integral whole. You cannot create boundaries for viruses and bacteria and contain them in the poor man`s sphere.  Tuberculosis is an example. Once regarded as a disease of poverty, it is now being diagnosed in people from the privileged classes.  The report`s suggestion to move the right to health to the chapter on fundamental rights in the constitution is commendable.  But experience tells us that constitutional juggling by itself hardly ensures that therights of people are actually enforced. In 2010, Article 25-A made education for children from five to 16 years free and compulsory. Nine years later, and after millions have been spent on the education sector, 20m children still remain out of school.  Hence the need of the hour is to focus on eliminating disparities. It is time we move away from the colonial system we inherited in 1947 that was designed to cater to the needs of the ruling and elite classes. The traditional and alternate systems that all Third World societies have successfully operated for centuries have been allowed to fall in a state of neglect. They are now struggling to survive and develop further.  Tal(e the case of the eastern punani system that the venerable Hakeem Said introduced in Pakistan. It now has a university recognised by the HEC and a teaching hospital attached to it. It awards the degree of BEMS after a five-year post-Intermediate course. Yet it has not received the recognition and support from the health authori-ties that would promote it in a big way.  Similar is the case of other alternate systems, be they homoeopathy, herbal medicine or others that are gaining ground in the West.  Of course, these will have to be regulated, just as our allo-pathic system supposedly is, notwithstanding a floundering PMDC.  The attitude that is calculatedly promoted is that the other systems are a hoax and are looked down upon as being `unscientific`. Their protagonists have challenged this point of view. If anything there is greater danger to public health from the quacks who practise in the guise of qualified physicians. At least no hakeem has been known to have spread AIDS.  We have something to learn from China.  After the revolution in 1949, Chairman Mao hadthe`barefootdoctors`trained toprovide healthcare to his people. As the country moved on to modern medicine, traditional medicine was at no stage abandoned. The chairman of the Chinese Medical Association told me in an interview a few years ago that the Chinese health system accepts both equally, leaving it to the people to opt for the one they prefer. The government patronises both. That has made it possible for China to provide full health cover to its entire population of 1.3 billion and boast of impeccable health indicators. m www.zubeidamustafa.com |