



Special address by Prof. K. Srinath Reddy, President, Public Health Foundation of India (PHFI) in the Webinar Kerala Health- Making the SGD a reality on 4th March 2021.

I believe that there is a concern, somewhat legitimate, that the attention that we are paying to the Covid-19 pandemic has diverted a good deal of the focus that was there earlier on the Sustainable Development Goals. It appeared that the virus has hijacked the health system, held policy makers' attention hostage and derailed the commitment to the attainment of SDGs by 2030. Has it really diverted attention from the SDG agenda?

I believe that it's really a wakeup call that we must pay more attention to the unified SDG agenda. SDG-3 defined unified life codes and health system agenda whereas the Millennium Development Goals(MDGs), well intentioned as they were, had divided the world into the developed and developing countries with the developed countries telling what the developing countries must achieve and attain and offering some support in the process. But not necessarily making the attainment of health, a universal objective on a partnership platform.

We also recognize that it fragmented the health system and also segmented by age, focusing only on certain age groups and certain health conditions, but did not really take a life codes or a unified health system approach to health. The SDGs actually rectified some of those deficiencies of the MDGs. But we also recognize that the Covid-19 pandemic has indeed reinforced that we must pay attention to the entire SDG agenda, including the health agenda which is very clearly defined in SDG-3. This is very important because even in the context of what Covid-19 has brought upon us, we must recognize that infectious diseases still remain an important part of our overall health and development agenda. And we must continue to pay attention but we can't look at them in isolation. For example, non-communicable diseases, which are the dominant comorbidities which have contributed to severe illness as well as fatalities even in the context of Covid-19.

And we know that this is true of the influenza pandemic as well. We know that we have to take the symptomatic approach to looking at health as a unified agenda in which not only the human body has multiple interactions but the human society also has multiple interactions which need to be taken cognizance of and paid attention to. We also recognize that NCDs and mental health have been very important areas that required attention during the course of this pandemic. As also, the reproductive maternal and neonatal in child health, which we know suffered some neglect but we can't afford to take our attention away from that. And of course, the importance of other infectious diseases like tuberculosis, HIV and malaria have already been given emphasized by the WHO leadership.

But it's very clear that, overall, we must consider a unified health system approach, which is based upon universal health coverage and the social determinants of health acting in unison to advance health in all dimensions.

There are lessons that we learnt from pandemic. First is, unless you have an efficient and equitable health system functioning very well in the steady state, you can't have a robust, strong and swift surge response when challenged by a public health emergency. We will scamper around with ad-hoc solutions which are unlikely to be efficient even if well intentioned. So, we do need to invest in strong and robust health system at all times. The fundamental basis for that is universal health coverage, supplemented by social determinants of health. In terms of universal health coverage, we recognize that primary care has to lead the way.

And we also recognize that Kerala has shown that it has to be led by a strong and committed public sector while engaging effectively other segments of society in a very efficient partnership mode. Therefore, I believe that we should not be looking at PPPs (Public Private Partnerships) but Partnerships for a Public Purpose. That all people are engaged in that partnership and devote themselves to those deliverables and with clear cut defined accountability mechanisms as well.

Kerala has shown through its extensive panchayat system as well as the variety of citizen volunteer groups coming in whether it is the outbreak of Nipah, cyclone or particularly in pandemic period, those partnerships and citizen engagements were critical. What we really require is people partnered public health. And Kerala has demonstrated how this can be actually developed well.

We also require data-driven decentralized decision making, which is best done not only by deployment of technologies but also engaging citizen groups and panchayats and others. It will bring great strength to that level of operation for flexible implementation at district and panchayat levels. One of the most important elements is equity which Kerala breathes life into in all of its developmental initiatives. There's a bi-directional relationship between economic development and population health and between poverty and ill-health. Unless we recognize these relationships and address them appropriately with a strong commitment to equity, we are unlikely to achieve the results of development.

We have to address, even in the time of pandemic, a broader SDG agenda because almost every single SDGs becomes absolutely an imperative for fostering societal health and protecting individual health. Unless we look upon the entire SDG agenda as the platform for building health, we won't be able to achieve it in an efficient and equitable manner. That's where Kerala's composite agenda of development becomes an important model.
