



## **PROMISING PRACTICES IN THE HEALTH DOMAIN**

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In a previous lecture, I discussed overarching trends in the field of economic growth and poverty reduction, and highlighted some of the crucial factors that have contributed to the remarkable results achieved in that domain. In this lecture, I will highlight some achievements in the domain of global health.

How can we define success in this domain? We can look at increases in life span; reductions in morbidity and mortality due to specific causes; and the reduction in cases, or even outright eradication, of particular diseases.

According to a report published in the Lancet (2012), there has been a sharp decline in deaths from malnutrition and infectious diseases (e.g. measles and tuberculosis), which has caused a shift in global mortality patterns over the past two decades. While in 1990, 33 per cent of deaths took place among those aged 70 years or older, the figure had increased to 43 per cent in 2010, indicating that millions of people are living longer. This shift reflects improvements in sanitation, medical services and access to food throughout the developing world, as well as the success of broad public health efforts like vaccine programmes.

A most interesting success story in the realm of health comes from Uganda, which in 1982 was the first African country to identify AIDS. By the mid-1980s, Uganda had one of the highest HIV prevalence rates in the world, and these prevalence rates continued to rise in the next decade and a half. In the 1990s, however, remarkable declines were

observed across a number of surveillance sites measuring HIV prevalence in pregnant women and towards the end of the 1990s, Uganda was upheld as a model nation in the fight against HIV/AIDS. But while Uganda has been the exception in Africa, what explains this amazing turnaround for a country with high levels of poverty that in addition continues to face numerous political and developmental challenges?

According to scholars such as Justin Parkhurst (2005) and Edward Green et al. (2006), a combination of factors was responsible for Uganda's success:

- First, there was high-level political support within the country and a multi-sectoral response involving national as well as international development agencies and bilateral donors.
- Second, rather than focusing on one strategy for tackling the disease, the government actively consulted with a wide range of stakeholders including non-state actors such as local organisations.
- Third, there was a strong focus on decentralised planning and implementation aimed at behavioural change with active religious leaders and faith-based organisations promoting use of condoms and providing confidential voluntary counselling.
- Finally, the strategy to combat HIV/AIDS placed a considerable amount of emphasis on women and youth and combated stigma and discrimination by providing community-support and awareness of the disease through an aggressive public media campaign at national and local levels.

Let me also highlight some of the successes that a large country like India, which continues to face numerous development challenges, has achieved in the health domain. In 2002, there was growing concern over the rise in HIV infections in India and the National Intelligence Council in the United States predicted that the country would have around 25 million AIDS cases by the year 2010. Yet in 2012, India had only approximately 1.5 million cases, making it what *The New York Times* calls<sup>1</sup> “the world’s most surprising AIDS success story”.

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<sup>1</sup> [http://www.nytimes.com/2012/11/25/world/asia/indian-prostitutes-new-autonomy-imperils-aids-fight.html?pagewanted=all&\\_r=0](http://www.nytimes.com/2012/11/25/world/asia/indian-prostitutes-new-autonomy-imperils-aids-fight.html?pagewanted=all&_r=0)

Unlike many of its previous development interventions, the Indian strategy did not involve targeting the whole country but was focused on high-risk groups such as prostitutes, gay men and intravenous drug users. The Indian government entered into a very successful partnership with a group of external actors, including the World Bank and the Gates Foundation. And the combined efforts of these various actors promoted increased condom usage in red-light districts and safe-sex education. The Indian story illustrates the value of focused efforts, which, in this case, worked better than expensive and untargeted broadcasting of safe-sex messages throughout country.

Another set of good news coming out of India is the eradication of polio. India reported over 150,000 cases of paralytic polio in 1985, and it still accounted for half of all cases globally in 2009, with 741 infections that led to paralysis. In 2010, the number of victims fell to double figures before the last case was registered in January 2011. And in March 2014, India was certified polio-free by the World Health Organization after going three years without an endemic case of polio.

There is now considerable agreement that the eradication of polio in India is one of the biggest achievements in global health efforts. Indeed India's polio program has achieved a result once thought impossible. High-risk groups were identified, including the children of migrant workers, and immunization efforts were strengthened to reach the most vulnerable groups in the population. The government in collaboration with various UN agencies and philanthropic organisations launched a massive and sustained vaccination program. A surveillance network was established and almost 2.3 million vaccine administrators targeted vulnerable groups. Across Indian society, considerable emphasis was placed on combating rumors and misgivings about the vaccine, and social mobilisers, religious leaders and parents were included to increase understanding about immunizations. The polio program also enlisted the support of Bollywood film stars and cricket players to spread the message through various media channels.

Despite the successes that I have just discussed, there remain major public health challenges ahead. According to public health experts, and as the world gets healthier, it is far harder to get people to change their ways than to administer a vaccine that protects children from an infectious disease like measles. Tobacco use (especially in

developing countries) is a rising threat, responsible for almost six million deaths a year globally, and illnesses like diabetes are also spreading fast. Moreover, in Sub-Saharan Africa, overall progress on health indicators is still slow. Infectious diseases, childhood illnesses and maternity-related causes of death still account for about 70 percent of the region's disease burden. Thus, there remains much room of improvement and innovation related to public health, and substantial global attention continues to be given to this domain of international development.