

My Health, My Right

In a world where advancements in medicine and technology have revolutionized healthcare, the phrase “My Health, My Right” resonates more than ever before—“SariramadyamKhalu Dharma Sadhanam”. The fundamental right to health is a cornerstone of human dignity and well-being, still millions of people’s rights to health are increasingly in jeopardy throughout the world.

According to the WHO Council on the Economics of Health for All, the constitutions of at least 140 nations declare health to be a fundamental human right. However, nations are not enacting and implementing legislation to guarantee their citizens’ access to healthcare. This supports the estimate of 2021 that, at least 4.5 billion people, or more than half of the global population, lacked complete access to basic healthcare services.

“My health, My right” is the topic for World Health Day in 2024 (7th April), which aims to address these kinds of issues.

Regarding the right to health, the South-East Asia Region has made great progress. From 47 in 2010, the Universal Health Coverage service coverage index is increased to 62 in 2021. In this Region, the average density of physicians, nurses, and midwives is 28.05 per 10,000 people, an increase of 30.5% from 2015. Between 2000 and 2020, the Region’s maternal mortality ratio decreased by 68.5%. From 84 per 1000 livebirths in 2000 to 29 per 1000 livebirths in 2021, the under-five death rate decreased dramatically, and the neonatal mortality rate decreased from 41 per 1000 livebirths in 2000 to 17 per 1000 livebirths in 2021¹.

In spite of this good records, nearly 40% of the population in the South-East Asia Region do not have access to basic healthcare services. Chance of dying between the ages of 30 and 70 from the four main diseases — Cncer, Diabetes, Cardiovascular Diseases and Chronic Respiratory Diseases — remains excessively high (21.6%).

In India urban and rural health services constituted 70.11% of the public expenditure on medical and public health in 2018-19 and decreases to 69.54% in 2019-20. The average age of Indians is expected to be of 34.7 years in 2036 as compared to 24.9 years in 2011. In 2021, out of 5.91 crore people screened under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS): 7.6% were diagnosed with hypertension, 5.93% with diabetes, 2.49% with hypertension and diabetes, 0.255% with CVDs, 0.11% with stroke and 0.19% with common cancers².

Fair access to non-communicable disease diagnosis and treatment is impacted by gender disparity. For instance, more women with elevated blood glucose remain untreated than men do. For hypertension as well, there is a gap in diagnosis and therapy. Violence against women and girls is still a major public health concern and a violation of their human rights. More than one in three women in South-East Asia Region have at some point in their lives suffered intimate partner violence, with women from the poorest households and those living in rural areas having a notably higher risk.

The focus for this year is to support everyone's right to high-quality health care, education and information, as well as their right to clean, safe water to drink, healthy food, adequate housing, respectable working and environmental circumstances and freedom from discrimination. As we navigate through the complexities of public health crises, it becomes increasingly evident that ensuring universal access to healthcare is not just a moral imperative but a practical necessity.

Access to quality healthcare should not be a privilege reserved for the fortunate few but a fundamental right guaranteed to all individuals, regardless of their socio-economic status, geographical location, or any other factor. The disparities in access to healthcare services are stark, with marginalized communities bearing the brunt of inadequate healthcare infrastructure and resources. This inequality not only perpetuates cycles of poverty and ill-health but also undermines the overall well-being of society as a whole.

To address these systemic inequities, governments, policymakers and healthcare providers must prioritize efforts to create inclusive and accessible healthcare systems. This includes investing in healthcare infrastructure, training healthcare professionals and expanding coverage to underserved populations. Additionally, promoting preventive care, early intervention, and health education are essential components of a holistic approach to healthcare that empowers individuals to take charge of their well-being.

Furthermore, access to healthcare is not just about physical health but also encompasses mental health and emotional well-being. The stigma surrounding mental health issues often prevents individuals from seeking help, leading to untreated conditions and

worsening outcomes. By integrating mental health services into primary care and promoting mental health awareness, we can create a more inclusive healthcare system that addresses the holistic needs of individuals.

In the face of global health challenges, such as infectious diseases, non-communicable diseases, and the growing burden of mental health disorders, universal access to healthcare is crucial for building resilient and sustainable societies. The COVID-19 pandemic has underscored the importance of preparedness, coordination and equitable access to healthcare services in mitigating the impact of public health emergencies. It has also highlighted the interconnectedness of health systems on a global scale, emphasizing the need for international cooperation and solidarity in addressing health crises.

As we strive towards the realization of universal healthcare coverage, it is imperative to engage in dialogue, advocacy, and collaborative action to ensure that no one is left behind. Let us commit ourselves to the vision of "My Health, My Right" and work towards a future where healthcare is truly universal, inclusive, and accessible to all. Only by joining forces and advocating for change we can create a world where health is not a privilege but a fundamental human right.

Remember, when it comes to healthcare, our well-being should not be determined by our circumstances but by our shared commitment to ensuring a healthier, more equitable world for all. Let us stand together in solidarity, championing the cause of universal healthcare as a fundamental right that empowers individuals, strengthens communities, and builds a healthier future for generations to come. By prioritizing health as a human right and a collective responsibility, we can create a future where every individual has the opportunity to lead a healthy and fulfilling life. My health is my right, your health is your right, and together, we can build a world where health equity is not just a dream but a reality for all.

FURTHER READINGS

1. <https://www.who.int/southeastasia/news/detail/03-04-2024-on-world-health-day-who-focuses-attention-on-my-health-my-right> accessed on 09.04.24
2. <https://vikaspedia.in/health/health-directory/national-health-profile> accessed on 10.04.24

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