

Reclaiming public health through power

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Low and middle income nations have for long focused on individuals as determinants of health and much of the decisions to empower individuals without strengthening community participation rested on the shoulders of the political class and bureaucracy which is often noisy, messy, complicated and sometimes lacking domain experts. Public health as a discipline will continue to remain in crisis unless the political class is sensitized and matures. Effective policies in global health for low and middle income nations will require them to factor in the thinking of inclusive health systems. Today power remains central and integral to reclaim public health in many countries.

Why power?

The approach towards public health is multi-sectoral which requires domain experts to build new systems and to retrofit existing gaps. The challenges of 2016 cannot be run by the leadership of 1950's with knowledge acquired in the 1970's. Public health is changing its trends faster than we can anticipate and the burden of diseases is disproportionately high. Today we have Non Communicable Diseases affecting the most poor and downtrodden in the worst of forms, often so leading to end organ damage, besides that we also have infectious diseases which still remain high in many areas and regions of the world. Disasters striking poorer regions like Haiti is creating a water -shed moment for public health victories. These are compounded by climate change which is pushing environmentalists to the brink. It is that time of the day when we need to engage effective leadership which is built on the promise of article 25 of the universal declaration of human rights (UN,1948).

A Political Philosophy and few ministerial examples:

Rudolph Virchow, then mayor of Berlin and Emeritus professor of pathology had said, "Medicine is a social science and politics is nothing but medicine on a larger scale." It is interesting to note that today's global health is often so not governed by public health experts and rather remains governed by people of other disciplines who are not even health experts. The minister of state for national health services in Pakistan is Mrs Saira Tarar (Ministry of National Health Services, Regulations and Coordination, Government of Pakistan,2014) who is a Master's holder in home economics particularly in interior designs and holds a diploma in Islamic studies. Health outcomes of a country torn apart by terrorism, religious fascism and fear cannot really be fixed by an interior designer, to say the least, with due respect to the chair. India, though a fast-emerging economy has been struggling to come to terms with the triple burden of diseases it faces and the additional challenges of being a disaster prone nation. At the helm of affairs is Mr. J P Nadda (Ministry of Health and Family Welfare, 2016) who is the

country's health minister and holds a background of BA, LLB. (law degree). Another instance to consider is the case of China where Li Bin (China Daily ,2014) who holds a doctorate degree in economics runs the National Health and Family Planning Commission. Let us not forget, China is still coming to terms with its most radical one child policy having gone wrong. Having public health doctors to run the health ministry requires to be a strategic necessity of the present day in-order to resurrect the ruins which generations of accumulated shades have created.

Checking special interest groups and power:

Special interests form an integral road block towards public health prospects. The documentary story called "Fire in the Blood" told the world of global health workers a tale of malice, monopoly and medicine of how the pharmaceutical companies in the west blocked access of life saving low cost AIDS drugs to regions of Africa and the global south leaving more than ten million and more dead (Gary, 2013). In another instance, Scott Carney (2011) through "The Red Market" talks about the lucrative global marketplace for bones, blood and organs. Recently, the Parliamentary Committee in India (PRS India, 2016 and Baru ,2016) pulled up the Medical Council of India and termed it as the most corrupt body calling to be replaced. All this co-exists and is facilitated by the same system that helps it thrive.

Fortunately, with increasing presence of social media, the equations that influence public health is now changing, but power continues to be singularly, the biggest drivers of change that needs to mature effectively.

Future Directives:

It is obvious that public health can be reclaimed by a more mature political class and an enlightened public health leadership which recognizes and utilizes power. Increasing spending and investment in health, besides engaging in philanthropy will also be much necessary. Nations will have their interests and growth at stake if they do not address Non-Communicable diseases, Disasters, Infectious disease and engage in social change, simply because sickness

will continue to rise, which calls for increased medical care, palliation and longer periods of suffering and socio-economic loss. Creating leadership for tomorrow's healthcare needs will help us sustain our own. Invariably, power remains an inseparable evil in the global health futures discourse.

Competing Interests

The authors declared that there are no potential competing interests with respect to the research, authorship and/or publication of this paper.

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