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Why has public health fallen off the table?

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India's national elections began on April 7 and will continue on nine separate dates until May 12, with results expected to be announced on May 16. The vote is the world's largest, with 814 million eligible voters set to choose 543 members of the lower house of Parliament. This election is widely considered to be India's most consequential since 1977.Â Promises are being made including access to health services for all citizens, based on a combination of public provision and social insurance. India's current spending on public health is just 1.4 percent of gross domestic product, according to 2011 World Bank figures. There are pledges to increase that figure to three percent.

The big question is whether simply increasing the public health budget, will change the scenario. Perhaps, not unless we start to look through the "public health" lens.

The country is going through a media blitzkrieg with political wish lists and promises but where does public health feature in these? Let us take the example of infant mortality which is a globally accepted indicator of population health and a measure of health inequalities. Nowhere can we see or hear infant mortality being discussed despite the fact that faster improvement in child survival is the need of the hour. There have been successes - Infant Mortality Rate has declined and tends to reach 45.04 in 2015 against MDG target of 26.67. As many as 20 states are likely to miss their IMR targets by 2015 and alarming disparities exist between the rich and poor, rural and urban residents and those born to educated vs. uneducated mothers - yet nothing is being heard in this regard.

Despite advances in medical sciences and acknowledgement of the role of hygiene and sanitation, survival of infants continues to be a challenge. In 2011, 30 percent of the global neonatal deaths occurred in India - surely setting up curative facilities alone including intensive care units like NICU and PICU, does not address the problem adequately, since the upstream determinants like socioeconomic environment, remain unaltered.
Evidence suggests that the survival of infants after the age of one month is mainly influenced by the external environment in

which the infant lives, hence, non-health policies targeting the socioeconomic environment are as important as health policies for post-neonatal mortality.

Leveraging income generation is expected to trigger a cascade of structural and behavioural factors such as better housing and living conditions, food security, access to clean water and proper sanitation, access to health care, infant care and feeding practices that influence the proximal risk factors of infant mortality - malnutrition, diarrhoea and acute respiratory infections. Thus, people should be made to understand that policies and programs for employment generation will address the central issue of poverty and are also expected to transcend towards improving infant survival.

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In its 2010 report, the World Health Organization's Commission on Social Determinants of Health presented a conceptual framework of the determinants pathway, starting with the biological and behavioural risk factors at the proximal end (closest to the disease), followed distally by the sociocultural and economic factors and finally policies (health and social), governance and the sociopolitical context

It is high time we started publicly debating and deliberating on health and non health policies impacting on health, for relooking through the 'public health lens' - spelling them out in wish lists and generating adequate and appropriate public demand and political will for keeping PUBLIC HEALTH on the table.