

From Neglect to Equity vis-a-vis Noncommunicable Diseases and Neglected Tropical Diseases

Neglected tropical diseases (NTDs) predominantly affect the poorest of the poor around the world.^[1] According to the latest estimates of the global burden of disease (GBD), India experiences the world's largest absolute burden of at least 11 major NTDs.^[2] The costs in terms of human suffering and untold economic losses are horrific. The funds for research and control of these diseases do not meet expectations.^[1] The narrative from the GBD also indicates the rise of noncommunicable diseases (NCDs) in low- and middle-income countries.^[2]

NCDs are also fundamentally a development and socioeconomic issue, affecting the rich and poor.^[3] Although the rich are affected, they can afford to have treatment or are able to cope with a lifestyle which reduces the risk of disease or its complications. Clustering of risk behaviors (such as poor diet, smoking, and alcohol consumption) among the socially disadvantaged groups may be responsible for poorer outcomes as is seen in alcoholics and also for risk factors such as diet for NCD, where a healthy diet is expensive.^[4,5] The wealthy have a reduced risk for dying of NCDs, compared to poor adults.^[6]

NCDs also increase individual and household impoverishment^[3] by virtue of economic burden of lifelong treatment. This in turn leads to catastrophic health expenditure.^[7] In the absence of targeted and sustained interventions, the health inequities will increase, resulting in greater individual, social, and economic consequences.^[3] At the household level, unhealthy behaviors, poor physical status, and the high cost of NCD-related health care lead to loss of household income.^[3] People often become trapped in the vicious cycle of poverty and NCDs, which continually reinforce one another. Premature mortality and high rate of disability due to NCDs among the lower socioeconomic status affect women and children the most.^[3] Children lose schooling opportunities, women lose the main sustenance for their families, and families lose their stability. The chronic nature of NCDs and the projected increase in prevalence indicate that the economic impact will continue to grow over the years.^[3]

Therefore, the focus should shift from “addressing diseases” to “addressing health.” The former is driven by the market forces as profit lies there. The latter is the dream we started to see since 1978 at Alma Ata.^[8] Although there are many studies establishing the cost-effectiveness of prevention of diseases^[9-11] and its deadly complications, the long interval for a tangible outcome demotivates the service provider as well as the utilizer. Interest of the stakeholders can only be sustained by immediate results, and hence, “Public Health” as an entity is often ignored. On the contrary, curative medicine is dramatic, technology, and resource-intensive, with life being saved in

minutes or seconds, and therefore attractive and glamorous. For instance, the heroic inputs of a cardiologist in saving the life of a person with multiple blocks in the coronary artery by inserting stents are real life, and the here and now. However, a health professional trying to bring about a behavior change such as tobacco cessation does not make much headway and what he/she does is largely unrecognized. The challenge of a public health professional, therefore, is to inculcate the idea of comprehensive health and long-term returns in the minds of people and the state, which is now mostly occupied with curative health.

Markets address the “profitable disease care” and ignore the “nonprofitable health care.” Changing this is the way forward in global health. It is toward this as a first step, the Amrita International Public Health Conference was conceived with the theme “from neglect to equity,” addressing the twin burden of NTDs and NCDs. This special edition of IJCM is proposed to be an effective dissemination platform for the conference proceedings. The research papers included addressing the different aspects of NTDs and NCDs in general as well as tribal populations of developing countries. Tuberculosis, HIV, and cancer are also specifically addressed. Domains such as nosocomial infections, self-medication, oral health, mental health, injuries, and partner violence are also included.

To tackle the NTDs and NCDs, a strong primary healthcare system with an embedded, efficient surveillance system to report health-related events^[12] in relation to this, is the need of the hour. This has to be a direct component of health systems strengthening. Leveraging the private sector through public-private partnerships for the greater good is an underutilized strategy here. Their effectiveness and efficiency, though proved in India for NCD control,^[13] have to be probed further in case of NTDs.^[14]

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REFERENCES

1. The Neglected Tropical Diseases: A Challenge we could Rise to – Will we? Report for the All-Party Parliamentary Group on Malaria and Neglected Tropical Diseases. Available from: https://www.who.int/neglected_diseases/diseases/NTD_Report_APPMG.pdf. [Last accessed on 2019 Jul 22].
2. Hotez PJ, Damania A. India's neglected tropical diseases. *PLoS Negl*

- Trop Dis 2018;12:e0006038.
3. World Health Organization. Chapter 2 – NCDs and Development. World Health Organization. Available from: https://www.who.int/nmh/publications/ncd_report_chapter_2.pdf. [Last accessed on 2019 Jul 22].
 4. Marmot M, Bell R. Social determinants and non-communicable diseases: Time for integrated action. *BMJ* 2019;364:l251.
 5. Alcohol Research UK. Understanding the Alcoholharm Paradox in Order to Focus the Development of Interventions. Alcohol Research UK; 2015. Available from: <https://alcoholchange.org.uk/publication/understanding-the-alcohol-harm-paradox>. [Last accessed on 2019 Jul 22].
 6. Abera SF, Gebru AA, Biesalski HK, Ejeta G, Wienke A, Scherbaum V, *et al.* Social determinants of adult mortality from non-communicable diseases in Northern Ethiopia, 2009-2015: Evidence from health and demographic surveillance site. *PLoS One* 2017;12:e0188968.
 7. World Health Organization. The World Health Report 2010-Health Systems Financing: The Path to Universal Coverage. Geneva: World Health Organization; 2010.
 8. Hall JJ, Taylor R. Health for all beyond 2000: The demise of the Alma-Ata Declaration and primary health care in developing countries. *Med J Aust* 2003;178:17-20.
 9. Leão T, Kunst AE, Perelman J. Cost-effectiveness of tobacco control policies and programmes targeting adolescents: A systematic review. *Eur J Public Health* 2018;28:39-43.
 10. Saulle R, Semyonov L, La Torre G. Cost and cost-effectiveness of the Mediterranean diet: Results of a systematic review. *Nutrients* 2013;5:4566-86.
 11. Schorling E, Niebuhr D, Kroke A. Cost-effectiveness of salt reduction to prevent hypertension and CVD: A systematic review. *Public Health Nutr* 2017;20:1993-2003.
 12. Ortu G, Williams O. Neglected tropical diseases: Exploring long term practical approaches to achieve sustainable disease elimination and beyond. *Infect Dis Poverty* 2017;6:147.
 13. Kroll M, Phalkey R, Dutta S, Shukla S, Butsch C, Bharucha E, *et al.* Involving private healthcare practitioners in an urban NCD sentinel surveillance system: Lessons learned from Pune, India. *Glob Health Action* 2016;9:32635.
 14. Aerts C, Sunyoto T, Tediosi F, Sicuri E. Are public-private partnerships the solution to tackle neglected tropical diseases? A systematic review of the literature. *Health Policy* 2017;121:745-54.

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10.4103/ijcm.IJCM_304_19

How to cite this article: Krishnapillai V, Sreedevi A, Ramakrishnan D. From neglect to equity vis-a-vis noncommunicable diseases and neglected tropical diseases. *Indian J Community Med* 2019;44:S1-2.

Received: 23-07-19, **Accepted:** 18-09-19