

Organized Medicine: Need for a Guild of Associations

Over the past few decades, there has been a perceptible improvement in the health parameters of India. However, despite these improvements approximately 1.72 million children die each year before turning one in India.^[1] The improvement has been significant in the mother and child health, with under-5 mortality and infant mortality rates showing improvement in the past three to four decades.^[2] The progress though consistent has seen some decline in its pace in the past few years. In addition to the decline in pace in reforms in mother and child health, there is appreciable threat of rise in mortality attributable to diseases such as dengue fever, hepatitis, tuberculosis, malaria, and pneumonia which continue to plague India. One of the most important reasons for this threat is an increase in drug resistance across the length and breadth of this country.^[3] By 2011, “drug-resistant” form of tuberculosis had started to become a major health concern.^[4]

In addition to the burden imposed on us by the noncommunicable and nutrition-related health problems, Indians are being rated as particularly high risk for atherosclerosis and thereby the coronary artery disease. This high risk for coronary artery disease has been attributed to a genetic predisposition to metabolic syndrome.

The past few decades have seen emergence of the world as a global village. With this, the public health emergencies have assumed a global center stage in terms of its significance and its impact. The globalisation of health has ensured that a health emergency cannot be delimited to a specific geography. In responding to this, countries across the world have been developing agendas focusing on global health security (GHS). The agenda for the GHS thus developed has received financial and political support from international organizations.^[5] The current strength of member nations as part of GHS is almost 50. The agenda, though well thought and collaborative in nature, has raised few concerns as well. There is tension between the aims of GHS and governments’ mandate to ensure national security. The participating nations apprehend that the collaborative nature will receive precedence over national interests. The concerns may have risen from a United Nations Development Programme’s Human Development Report published for the time in 1994. The report first introduced the concept of human security, referring to security of citizens as individuals rather than that of the states in which they live.^[6]

Importantly, over a period, it is being realized that the term GHS can have a negative unintended effect on the ultimate goal of improving health for all, the basic premise on which the health-care systems of the entire globe is supposed to function. Eventhough the term GHS actually implies the security of the state rather than the security of individuals but

Embedded within the goals of the GHS is a long-term health security of individuals.

The agenda of the GHS in its current form is largely focused on protecting high-income countries against public health threats coming from low- and middle-income countries such as Ebola, Marburg, Zika, dengue, chikungunya, and Rift Valley and Lassa fevers. All of these public health threats have primarily originated from low- and middle-income countries.^[7] Keeping this in view, if the resource allocation under GHS agenda is used to ensure security of high-income countries, resource allocation will become skewed toward high-income settings.

Therefore, what needs to be done by us in India? To prevent this resource allocation and thereby to prevent the skew is to ensure that a health security agenda is an integral part of our country and its national health associations. Effectively, all stakeholders (government, nongovernment, and others) need to collaborate and come out with an agenda to be a part of the global agenda as GHS is the key for disease containment and to prevent local outbreaks. While disease containment is a common practice in the control of emerging infectious diseases, a national health security perspective will result in ensuring the development of a national strategy to deal with health security threats. Protecting its citizens and the citizens of the world from health threats requires that nations start sharing the responsibility of serving those most in need, wherever they live. Therefore, the concept of GHS is a concept of solidarity and sustainability.

Organized medicine (OM) is a collaborative effort of national associations related to health and governmental and nongovernmental organization dealing with health and health-related outcomes. Designed as a guild of association, the focus of the guild is on India in context of GHS. As a collaborative effort, OM is dedicated to promote values of collaboration, excellence, innovation, and commitment in delivering on the implementation of the Global Health Security Agenda (GHSA) and at the same time promoting Indian perspectives on GHS. The foundations of the OM are rooted in the belief that a growing, active, and vibrant guild of organizations is a vital source of expert opinion, multisectoral implementation, and action besides being an important source of educational support for action packages defined in the GHSA. In this, the OM will facilitate more rapid responses to addressing the identified health security gaps in whatever area those gaps may exist.

The idea is to accelerate efforts by all stakeholders as a collective to force progress toward a country safe and secure from infectious disease threats; rapidly respond to biological threats, whether naturally occurring, intentional,

or accidental; identify and prioritize key health issues in noncommunicable diseases like for example injuries, trauma, and cardiovascular disease; and establish capacity to prevent the same.

To achieve these goals, the guild is working on certain initiatives developed as action points: (1) Acceleration on efforts to ensure formation and implementation of antimicrobial resistance at national and regional levels at all health-care delivery points (primary, secondary, and tertiary care as well as nonorganized health sector), (2) Take leadership role in the GHS through focus on big data management, (3) Develop an integrated surveillance mechanism for injury prevention and priority NCD's, and (4) Develop a need-based integrated research consortium under the guild with a vision to provide long-term solutions to health-care issues.

A baseline assessment, planning, and evaluation on the components will be planned to implement the action points. Each action point will follow a 5-year target outcome analysis model, by which to measure progress, the desired impact, association and individual commitments, and long-term actions. OM will be committed to an internal evaluation process for a successful multisectoral approach to stated action points in preventing, detecting, and responding to public health threats regardless of the origins of those threats.

The OM is being planned with the aim to serve as the primary conduit of information relating to the health security between its members, the government, and the other nations impacting our health security concerns. The guild – a collaborative between associations (both governmental or nongovernmental) – was launched in January 2018 during 55th national conference of Indian Academy of Pediatrics at Nagpur to make our interconnected world safe from public health threats. The very premise of collaboration underlines the promise it holds for health-care initiatives in India. The future of health care in India will also be determined by the policy initiatives on cost and usage of drugs and devices in both private and government sectors. However, it will be dependent on the way we strengthen our health-care initiatives regarding primary health care. OM as a collaborative is expected to meet both these challenges in addition to its competency in dealing with GHSA.

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REFERENCES

1. Sharma S. Childhood Mortality and Health in India, Working Paper Series No. E/292/2008, Institute of Economic Growth, New Delhi. Available from: <http://www.iegindia.org/upload/pdf/wp292.pdf>. [Last accessed on 2017 Dec 07].
2. Maternal & Child Mortality and Total Fertility Rates. Census of India; 2011. Available from: http://www.censusindia.gov.in/vital_statistics/SRS_Bulletins/MMR_release_070711.pdf. [Last accessed on 2017 Dec 07].
3. Dengue CDC- Centers for Disease Control and Prevention US. Available from: <https://www.cdc.gov/dengue/index.html>. [Last accessed on 2017 Dec 07].
4. Goldwert L. Totally Drug-Resistant Tuberculosis Reported in India; 12 Patients have not responded to TB Medication. New York Daily News; 16 January, 2012. Available from: https://www.en.wikipedia.org/wiki/Health_in_India. [Last accessed on 2017 Dec 07].
5. Global Health Security Agenda. Global Health Security Agenda; 2016. Available from: <https://www.ghsagenda.org>. [Last accessed on 2017 Dec 07].
6. Human Security in Theory and Practice. An Overview of the Human Security Concept and the United Nations trust Fund for Human Security. New York: United Nations; 2009. Available from: <https://www.ghsagenda.org>. [Last accessed on 2017 Dec 07].
7. Rushton S. Global health security: Security for whom? Security from what? *Polit Stud* 2011;59:779-96.

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