**SUSTAINABILITY IN HEALTH AND HEALTHCARE PROVISION**

**Introduction** **:**

The UN agenda of 2030 established in 2015 envisioned a better world for everyone through its ambitious tagline “shared blueprint for peace and prosperity for people and the planet, now and into the future". For the targets to be achieved by 2030,a set of 17 goals were designed which were interlinked, interdependent and correlated. Sustainability remains the core of these 17 goals which are collectively called Sustainable development goals.

Sustainability and healthcare are closely correlated, for a person with sound health works with better and focused vigour**.**

In this context John Elkington’s sustainability concept holds very much importance. It emphasizes on 3 aspects of all organizations. Those are called the Triple Bottom Line (TBL) i.e. People, Profit and the Planet.

**Definition :**

Sustainable development was defined in the Brundtland report of the World Commission on Environment and Development,1987 also known as “Our Common Future”, as “development that meets the needs of the present without compromising the ability of future generations to meet their own needs”.

In these circumstances, the sustainable healthcare can be defined as “Approaches to restore, manage and optimize the human health having an ecological base that are economically, socially and environmentally viable indefinitely that works harmoniously with human body and non-living environment which doesn’t result in unjust and unreasonable impacts on any element of healthcare system. It thus aim to cure the ailments of the present generation and minimize the repercussions of healthcare systems for the betterment of future generation to let them thrive.”

**Various aspects of sustainable healthcare** **:**

3 Basic pillars of sustainability are Economy, Society and Environment .Together the three pillars are meant to work in connection with one another with true sustainability occurring when the three pillars are balanced.

**Social sustainability** includes environmental justice, human health, resource security, and education, among other important social elements of society.

**Economic sustainability** includes job creation, profitability, and proper accounting of ecosystem services for optimal cost-benefit analyses. In case of the job market, research shows a high rate of employment benefits both the economy and the people's social well-being through the resource security employment provides. In this way, the economic drivers that require companies to need employees and for people to need jobs, also foster social sustainability if employment offers security to people.

**Environmental sustainability** focuses on the well-being of the environment. It includes water quality, air quality, and the reduction of environmental stressors, such as greenhouse gas emissions. Human health largely depends on the quality of a person's environment, inextricably linking human health and the state of the environment. Therefore, efforts to preserve and restore the environment benefits people, too.

However, Health forms the fundamental of all these pillars which ultimately supersedes all these. The UN agenda 2030 rightly stresses upon healthy life and wellbeing in its sustainable development goal 3 (SDG3).That’s why the aspects and outcomes of all the goals and indicators revolve around Healthcare. Thus it is the prime pillar of a sound society that could achieve all these sustainable targets.

**The Present scenario :**

Though health is the foundation of all the pillars of sustainability, in present scenario the healthcare system looks highly overburdened and disintegrated. For a large nation like India, catering a huge population of 130 billion, healthcare facilities are abysmal and heartbreaking.

Indian healthcare expenditure is largely dominated by private entities, which is around 82% against only 18% borne by the government. The budget allocation for pubic healthcare expenditure has been declining despite of COVID 19 pandemic. This creates unnecessary burden on the healthcare system that runs on 3 basic goals, those are;

1. Keeping people healthy
2. Treating the sick
3. Safeguarding families against financial damages incurred by hefty medical bills

Moreover the very basic definition of healthcare is not medical care. But our current system has been doing the same blunder for years and still doing it.

Our Healthcare still neglects the below facts

1. We should treat the reason not the impact.
2. We should realize that diseases are only the tip of icebergs.
3. We should address the social basis of health.

**Importance of sustainable healthcare :**

The Healthcare system significantly impacts and pressurizes the environment. It includes the generation of hazardous and conventional waste, greenhouse gas emissions, the waste water and the high consumption of resources such as water and energy. In fact,75% to 90% of health care waste products may pose a wide range of environmental and health risks.

Medical wastes are a major source of air pollutants such as Dioxin and mercury. Chemicals used in hospitals cause high rates of Asthma in healthcare workers.

Moreover, healthcare industries have a carbon footprint of 4.4% of the world’s total green house gases, but the expenditure accounts for only 10% of global output.

Current patterns of social and economic development puts unduly pressure on natural resources and thus threaten health and prosperity.

**Problems at hand :**

Covid-19 has exposed the drawbacks of our healthcare systems but public health was already in dismal conditions since pre pandemic time.

Gaps were palpable and self-evident on healthcare infrastructures, human and financial resources and the quality care.

1. India had 1 doctor per every 1457 people whereas WHO recommends 1 doctor per 1000 people.
2. India had 1.7 nurses per 1000 people far away from WHO recommendation of 3 nurses for every 1000 people.
3. WHO recommends 3 bed for every 1000 population but India had provision of 1 bed for every 2239 patient.

The Rural health status report of 2019 highlighted the upsetting set of circumstances which are given below

1. Close to 62% Shortfall of male health workers at sub centers
2. More than 60% of PHCs fell short of male health assistants.
3. A shortfall of 85.6% surgeons at CHCs.
4. A shortfall of 75% physicians at PHCs.
5. A shortfall of 50.8% lab technicians at PHCs.

The National health policy 2017 recommended increase in budgetary health allocation to minimum 2.5% of GDP to tackle all these problems as soon as possible. However,despite the pandemic we are far far away from these allocation targets. The National health mission since 2005 has been the flagship health program of Govt. of India but it saw a meager increase of 1% in budget allocation.

These shortages became prominent when the pandemic hit in 2020. Doctors and nurses were needed to monitor vitals, for testing and intensive care but doctors and paramedics were already in short supply. Outside hospitals, the conditions were no better either. Community health workers and paramedical staff were insufficient in number to conduct surveillance activities, mass testing and contact tracing. Severe shortage of other resources as well, such as personal protection equipment, oxygen cylinders and ambulances worsened the conditions further.

Overall, we saw our healthcare system crumbling.

**Solutions:**

1. Interestingly keeping people healthy costs a fraction of treating or curing the illness.
2. Preventive healthcare should be of utmost importance and focus to decrease the diseases rather than increasing the number of doctors and hospitals.
3. The budgetary allocation on public healthcare expenditure should be increased.
4. Awareness programs for communicable as well as non communicable diseases.
5. Ban on Tobacco and liquor to contain non communicable diseases.
6. Healthcare should be the basis of all policies formulated by the government as decisions of Non health ministries affects health and welfare.
7. Our current healthcare systems thrives on sick people to keep itself running and maintain physician, hospitals, insurance and pharmacy companies. This needs to be addressed and changed.
8. Passive mindset of people who seek only pills for a disease rather than the cause should be addressed.
9. Our healthcare system addresses and treats people individually and the problems in isolation rather than addressing them as a whole or a community, It will be hugely beneficial. The group interdependence in a community is critical to care and sustainability.
10. We should acknowledge that health is not divisible from social structures like poverty, inequality, social gaps.
11. The Use of technology in provision of care, online consultations, training of healthcare workers, digitization of health records, primary diagnosis and the detection of health problems.
12. Response to emergencies can be more robust by provision of free or subsidized testing, treatment and vaccination.
13. Being careful that response to future emergencies like covid-19 doesn’t come at the expense of other essential health services.
14. Recognizing self-care and promoting health literacy.

**Conclusion:**

An organized and well-coordinated reform in the health sector will contributes towards “inclusive develop­ment” by optimizing the health and wellness of the citizens, eradicating inequalities, and avoiding circumstances that adversely affect public health. Universal health coverage can be achieved by adopting innovative policies and by increasing health financing which will make a country healthier. Progress on Universal Health Coverage cannot be made instantly. Progressive universalization can be achieved with the process of starting with readily available resources, gradually adding necessary health services and enhancing financial protection for every section of the population as the healthcare system develops.

The outbreak of COVID-19 has exposed the shortcomings and loopholes in our healthcare system like never before. So, Healthcare system now demands utmost priority and not invest­ing in this opportunity can have devastating repercussions. The infrastructure and human resource aspect of primary and secondary levels of healthcare needs to be upgraded. This is where the utmost need of investment in healthcare and its allied industries remains to be focused. To reach the targets, set up by the SDGs, it should be more participative for other stakeholders too. It is time to learn the lessons from the past, build on past achievements and tread upon a goal-oriented journey. Now is the time to be more vigilant in learning lessons from the past, improve the past processes and achievements and stride towards a purposeful goal oriented journey.