

INSIGHT

# Humanitarian action and public health in India



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**Leena Menghaney**, South Asia Regional Coordinator, MSF's Access Campaign, explains how the Nobel Peace Prize winning organisation's work on developing treatment models for DR-TB, kala azar, malaria and HIV co-infection with other diseases has encouraged India's Ministry of Health to re-evaluate policies which impact access to quality treatment in these disease areas

Doctors Without Borders / Médecins Sans Frontières (MSF) medical humanitarian projects in India started in 1999, the same year the organisation was awarded the Nobel Peace Prize in recognition of its 'pioneering humanitarian work on several continents.'

Since then, I have been witness to MSF teams in India providing medical assistance during natural disasters, bringing medical aid to people in areas where access to healthcare is limited or non-existent, treating patients for neglected diseases such as malaria, kala azar and drug-resistant TB and training thousands of medical and non-medical personnel to work in resource-constrained settings across several states.

MSF's medical teams in India work in places that many people across the world have never heard of. These places are in difficult terrains and remote settings where MSF medical teams make healthcare accessible to the affected and vulnerable population. This may sometimes translate into working independently as the sole treatment provider or working in collaboration with state authorities and institutions affiliated to the Union Ministry of Health.

Keeping patients' priorities central to its humanitarian work – particularly excluded and vulnerable populations – and constantly improving medical protocols has led to a very important contribution to pub-



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lic health in India.

In the last decade, MSF has saved hundreds of thousands of lives in India and helped millions more with its work to address drug resistance – whether to chloroquine in the treatment of malaria or to the drugs used to treat tuberculosis or HIV.

MSF has persevered to bring medical innovation to remote and resource-poor settings in India, introducing rapid diagnostic tests (RDTs) and artemisinin-based combination therapy (ACT) for malaria and

working with research institutions to build evidence on the effectiveness of Liposomal Amphotericin B (LAmB) in the treatment of kala azar. The organisation has also acted early in recognising, diagnosing and treating cases of extensively drug-resistant tuberculosis (XDR-TB) and challenging patent and regulatory barriers to protect and encourage the introduction of low-cost generic fixed-dose combinations for HIV and direct-acting antivirals for hepatitis C.

Led by its motto that everyone should have access to healthcare, the humanitarian organisation has gone a step ahead by collecting evidence and developing treatment models for DR-TB, kala azar, malaria and HIV co-infection with other diseases – encouraging the Ministry of Health to re-evaluate policies which impact access to quality treatment in these disease areas. Patient needs remain at the core of MSF's work and its contribution to public health in India.

While MSF carries out its medical humanitarian work in India it also considers the country a very important player in global health with its generic and vaccine industry, technical and scientific capacity, vast pool of skilled human resources, leadership in a number of international forums and growing financial clout as one of the fastest growing economies.

But domestically healthcare is increasingly seen as an area of profit making with many arguing that it is best left to market dynamics and private players.

However, privatised healthcare in India and its market dynamics constantly exclude the vulnerable, marginalised and difficult to reach populations, a practice that Indian policy makers can ill afford to ignore. Focusing on patient needs, vulnerable communities and excluded populations is not just about addressing inequality and economic hardship. It plays a central role in addressing public health challenges and epidemics, something that MSF has experienced firsthand in India.

The ultimate onus to ensure an inclusive healthcare system that provides quality, accessible and affordable treatment lies with the government. With a growing public health burden in the area of drug-resistant infections, communicable and non-communicable diseases, health policy making in India needs to start placing patient needs before profits.