IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Beyond Neutrality: The Interplay Of Politics And Public Health In Policy Formation

[1] Shary Krishna B. S.

[1]Ph. D Scholar Public Health, Center of Social Medicine and Community Health

School Of Social Sciences, Jawaharlal Nehru University, New Delhi, India

Abstract:

Public health policy is fundamentally aimed at promoting community health impartially. However, the reality often reveals a different narrative where policy formulation is influenced by the demographic nature, market forces, and the prevailing political ideologies. This article sheds light on the various social factors and the multi-level political dynamics - micro, meso, and macro - that significantly shape public health policymaking. While past global events like the COVID-19 pandemic have exemplified the intersection of global politics and market forces in local policy decisions, this piece aims to transcend specific events. It focuses on a broader analysis of geopolitical influences in public health policy across various contexts. By examining social philosophy and advocating for attitudinal shifts, the article seeks pathways to implement politically unbiased, effective public health interventions, envisioning a future where health policy is guided by equitable principles, transcending political and market biases.

Keywords: Public Health Policy, Political Influence, Healthcare Disparities, Social Stratification, Social Philosophy, Political Bias, Healthcare Accessibility, Socio-Economic Disparities, Medical Education Privatisation, National Healthcare Systems.

Introduction

Public health deals with strategies for promoting of the health of people at a community level. From the view point of researchers and doctors; Public health knowledge, is used to learn the causes of disease, disability and death. Policy makers then convert this knowledge into action for the wellness of the population. Science can identify solutions to public health problems, but the policy makers convert the solutions into action. In birds eye view, analysing the wellness of the citizen, policy makers implement laws at larger population level. There is aways a tung of war between policy that implemented at a population level and the individual's right.[1]

How health became a political issue ?

[1] Hafez Ismaili M'hamdi (2021) Neutrality and Perfectionism in Public Health, The American Journal of Bioethics, 21:9, 31-42, DOI: 10.1080/15265161.2021.1907479

The reasons for the tung of war between individual chooses and public health policies lie at different dimensions. At a micro level there is always an overlap of ones action over the other person's safe zone, especially when considering actions like smoking, sexual practices, and drunk driving. In the eyes of John Stuart Mill, this would be the sole principle justifying public health policy: "The only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others. His own good, either physical or moral, is not sufficient warrant"[2]

State Neutrality - a necessity in India

When considering the Indian context, we have diverse group of community living together, who hold different cultural and religious values and norms. In that case certain values can be controversial and is open to debate when it comes to policy implementation. In policy implementation, it's crucial for the state to maintain an unbiased stance, ensuring that the diverse cultural and religious values of all communities are respected and represented fairly[3].

Identification and translation of the Heath issue to a Political Issue

Health issues become a political problem when the people find it unacceptable for them and demand for a change. When the individuals in the community feels that their personal needs are overlapping with others and this leads to a social movement when the interest group organise themselves and attract the Public Health officials attention .[4] Whether or not the State responds to their demand depend upon the profile of the society and problem definition.

The reality – Biased perception and policy making

Governments responds to the public health issue not only depends upon the perceived intensity of the problem but also depends on the profile of the community who is suffering. When the problem is to choose between the market interest and the problem of uninsured poor population, then the state has a tendency to based towards the market interest.[5]

The evil side of the industry try to influence to manipulate the legislation and regulation according to their interest, which has led to number of public health issues. An example of this is the varied rules concerning the marketing of unhealthy foods, contributing to obesity. These biased policy-making processes naturally lead us to consider the factors that allow such policies to prevail. The severity of the problem, social stratification, and market influence are among the key elements that shape governmental action, reflecting a pattern of disparities and biases.

Factors on which biased policy find their way.

The factors that influence the decision of the Government in taking an action against a public health problem are severity of the problem, the pre-existing social stratification of the communities suffering, based on the income, occupational status, geographic location, popularity of the affected individuals and the influence of the market. A poor man's problem may not be treated in the same way as the privileged one.[6] For example

---

[2] Mill JS. 1974 [1859]. *On Liberty*, p. 68. Hammondsworth, UK: Penguin Books

[3] Gaus, G. 2003. Liberal neutrality: a compelling and radical principle. In *Perfectionism and neutrality: Essays in liberal theory*, ed. Steven Wall and George Klosko. Oxford: Rowman & Littlefield Publishers.

[4] Kingdon JW. 1984. *Agendas, Alternatives, and Public Policies*. Boston: Little, Brown

[5] Glied S. 1997. *Chronic Condition: Why Health Reform Fails*. Cambridge: Harvard Univ. Press

[6] Morone JA. 1997. Enemies of the people: the moral dimension to public health. *J. Health Polit. Policy Law* 22:993–1020

if the affected group of people in Tribal community, then it is high probable that the Government authorities and policy makers ignore the issue all together.

Misplaced Medical Research Fund prioritised according to population affected" to "Biased policies – India' experience.

The disproportionate allocation of funds towards diseases prevalent in developed countries or affluent communities, at the expense of those affecting the majority, reveals a skewed priority system. This observation dovetails into a discussion on India's experience with biased policies, where corruption and political influences have historically marred policy-making, especially in healthcare. The fact that proportion of TB cases is higher in Asian population than European[7], at the same time proportion of Cancer in White population is higher than that of Asians. The prevalence of communicable disease like TB[8] and Malaria[9] are more a problem in low income population of India and Africa[10]. At the same time the prevalence of life style disease are more in High income countries[11] and that too concentrated in urban areas. Still, good amount of funds are diverting towards Cancer research than TB or malarial research.[12] In this way the major funds for medical research are diverted towards those diseases suffered by people of developed countries[13] and high income privileged communities of India rather than the majority of the low class. In the realm of global medical research, there are concerns about the equitable treatment of participants from various backgrounds, including underprivileged communities in developing nations like India, Pakistan, Bangladesh, and countries in Africa, as well as marginalised groups in Western countries, such as Black Americans. It's crucial to ensure that all individuals, irrespective of their socio-economic status or racial background, are afforded equal respect and consideration in medical studies. This is fundamental to achieving a global standard of healthcare that benefits all, without disproportionately impacting certain groups for the advancement of others..[14][15]

Biased policies –India' experience.

Globally, there is a growing concern about the ethical considerations in medical research and treatment, especially pertaining to underprivileged communities in developing countries and marginalised groups in the West, such as Black Americans. It's vital to ensure that all human beings are treated with dignity and fairness in medical advancements.

In the context of India, the journey since independence shows a persistent challenge in translating political promises into effective public health policies. While election campaigns often highlight the importance of healthcare for all, especially the underprivileged, there is a noticeable gap in the realisation of these promises during budget allocations and grassroots implementation. This trend, observed regardless of the political party in power, points to a need for a more robust, transparent, and accountable system in policy formulation and

[7] https://www.who.int/news-room/fact-sheets/detail/tuberculosis

[8]https://tbfacts.org/tb-statistics/#:~:text=The%20three%20countries%20with%20the,China%20(14%25)

[9] https://www.who.int/news-room/fact-sheets/detail/malaria

[10] https://data.worldbank.org/indicator/SH.MLR.INCD.P3?locations=XN

[11] World Health Report 2002

[12] Mudur G. Johns Hopkins admits scientist used Indian patients as guinea pigs. *BMJ.* 2001;323:1204.

[13] https://www.who.int/intellectualproperty/submissions/InternationalPolicyNetwork.pdf

[14] *Borry P, Schotsmans P, Dierickx K,* Developing countries and bioethical research. *N Engl J Med. 2005 Aug 25; 353(8):852-3.*

[15] *Nundy S, Gulhati CM,* A new colonialism?--Conducting clinical trials in India. *N Engl J Med. 2005 Apr 21; 352(16):1633-6.*

execution. A focus on eradicating systemic issues like corruption and inertia can significantly improve the impact of health policies, ensuring they truly benefit all sections of society, particularly the most vulnerable.

Macro, Meso and Micro politics: its influences in the Policy making of India.

The policy making is also influence by the Global market. The evidence for the same can be seen by the interference and funding of Bill Gates and Melina Foundation in the National Immunisation Schedule.

With globalisation and advancing industrialisation, the developed countries found it is important to preserve their intellectual property. Though the developing countries opposed this trend, the biased policy makers implemented the process of patency, that leads to increasing transfer of rent from developing countries to developed countries[16] ; which leads to in inequalities between the countries especially in getting access to health care technology.[17]

Resistance to Medical Pluralism

The growth of the biomedical system in European and American regions has had a significant influence on healthcare practices worldwide, extending its impact to local-level policy-making. An instance of this was observed during the COVID-19 pandemic. For example, in certain regions, the In-Patient Departments (IPDs) of government Homoeopathic Colleges were repurposed as First Line COVID-19 Treatment Centres focusing on modern medicine. This transition led to postgraduate students trained in homoeopathic medicine being assigned duties under the guidance of allopathic doctors. While such measures were taken in the face of an unprecedented global health crisis, they bring to light the broader conversation about the integration and balance of different medical systems in public health policies. It underscores the importance of considering diverse medical approaches and the need for adaptable strategies in emergency healthcare responses.

The influence Big Pharma and Insurance companies

The "public health dilemma of justification" is typically boiled down to the trade-off between discharging as well as possible the state's duty to protect and promote its citizens' health on the one hand and the state's duty to respect its citizens' right to lead their lives as unencumbered by state interference as possible on the other. In other words, the adequate justification of public health policies involves striking the proper balance between population health benefits and civil liberty rights.[1] The corporate companies influence the state to block the public health policies that are contrary to the market interest.

Evolving Health Insurance Coverage in India:

Recent National Expenditure Surveys reveal a marked disparity in health expenditure over the last two decades. Notably, while approximately 10% of the Indian population is covered by social insurance, the majority of this coverage is utilised by government employees[18,19]. This highlights an area of potential improvement in extending insurance coverage more broadly, especially to the informal sector, which currently

[16] Bettcher D, Lee K Globalisation and public health, *Journal of Epidemiology & Community Health* 2002;56:8-17.

[17] Bettcher DW, Yach D, Guindon GE. Global trade and health: key linkages and future challenges. *Bull World Health Organ*2000;78:521–34.

[18] Selvaraj S, Karan A. Deepening Health Insecurity in India: Evidence from National Sample Surveys since 1980s. *Economic and Political Weekly.* 2009;44(40):55–60.

[19] India Go. Eleventh Five Year Plan. Planning Commission. 2007

represents less than 1% of those insured. This discrepancy underscores the need for more inclusive insurance policies to reduce the out-of-pocket expenditure across various social groups. [20]

The Ayushman Bharat Scheme, a significant initiative by the Government of India, has made strides in expanding healthcare access. However, it is an evolving program with areas for potential enhancement:

1. Expanding the network of private hospitals under the scheme to include those with higher bed capacity and robust infrastructure.

2. Simplifying the enrolment process and reducing dependency on the number of lab investigations for scheme eligibility.

3. Broadening the scope of diseases covered to ensure that patients with various medical conditions, regardless of their prevalence, receive adequate insurance coverage.

These observations highlight the ongoing journey of healthcare reform in India, where continual assessment and adaptation of policies can lead to more equitable and comprehensive health coverage for all citizens.

The Dynamics of Peer Review in Medical Research

"In the world of academic publishing, especially in medical research, there is an ongoing discussion about the influence of various interests, including those of pharmaceutical companies. While the peer review process is designed to uphold the integrity of scientific research, concerns have been raised about how corporate interests might impact the publication of certain studies. For instance, during the COVID-19 pandemic, the urgency to find effective treatments highlighted the complex relationship between research funding, publication, and treatment protocols. Some observers noted that studies supporting low-cost treatments sometimes received less attention compared to those advocating for patented drugs, possibly reflecting broader market dynamics. It's important to recognize that health policies often rely on scientific literature for guidance, making the objectivity and comprehensive coverage of this literature crucial for the formulation of effective and unbiased policies. Enhancing transparency and scrutiny in the publication process can help ensure that a diverse range of research is considered, supporting the development of more inclusive and representative health policies.

COVID 19 – Global Perspective

During the COVID-19 pandemic, the World Health Organisation (WHO) and various global platforms, including YouTube, faced the challenging task of managing a vast amount of information related to the treatment of COVID-19. In their efforts to ensure public access to scientifically verified information, there were instances where alternative treatment methods, particularly those aimed at boosting immunity through natural or plant-based means, were less emphasised. This approach was part of a larger strategy to prioritise treatments and preventive measures that had undergone rigorous scientific testing. While the intent was to safeguard public health by preventing misinformation, this led to a broader debate about the representation and validation of diverse medical approaches, including traditional and alternative methods, in global health discourse.

COVID 19 – The exposure of mutilated Public Health of India

[20] Gopichandran, V. Ayushman Bharat National Health Protection Scheme: an Ethical Analysis. ABR 11, 69–80 (2019). https://doi.org/10.1007/s41649-019-00083-5

The unexpected lockdown and Migrant workers crises: The sudden announcement of a complete lockdown, with only a four-hour notice, presented significant challenges for the informal sector and migrant workers, highlighting the need for more inclusive planning in emergency responses.

Poor infrastructure of PHC in rural area: The pandemic exposed the limitations of rural primary health centres, underscoring the need for enhanced infrastructure and preparedness in healthcare facilities. Many of the PHCs were closed; and those opened were having no oxygen facilities; and people struggled very much to get access to health care in peri-urban areas.

Centralised Oxygen supply: The centralised approach to oxygen supply during the COVID-19 crisis presented challenges, highlighting the importance of strategic planning and decentralisation in crisis response to ensure equitable distribution of resources.

Government's ignorance to regulate Private Hospital: Private hospitals of India literally closed their shutters in serving the poor population at the peak of Covid-19. The crisis highlighted the challenges faced in regulating private healthcare, particularly in terms of cost management for critical resources like hospital beds.

Illogical organisation of Kumbh Mela: The decision to conduct 'Kumbh Mela' during the pandemic raised questions about balancing religious practices with public health guidelines.

Election in West Bengal: During the elections in West Bengal, the prioritization of election rallies and campaigns during the peak of the COVID-19 pandemic led to concerns about balancing political activities with public health safety.

Vaccine industry and laboratories: The setting of price caps for vaccinations and RTPCR tests brought to light the complexities of healthcare pricing and accessibility during the pandemic.

Biased Court in capping maximum cost for RTPCR test: At the midst of the Pandemic, when hospitals and laboratories were charging Rs 4,500 for the test when the total cost incurred is about Rs 200 only. The setting of maximum costs for RTPCR tests by courts, amidst varying charges by hospitals, highlighted the challenges in policymaking during a health crisis.

By the end of the third wave the poor people's income fall to half; and elite cooperates income skyrockets to an unimaginable level; at the expense of lives of many people.

Assessing WHO's Initial Response to COVID-19

In the early stages of the COVID-19 outbreak, the World Health Organisation (WHO) faced significant challenges in guiding the international response to what was then a rapidly evolving health crisis. One critical decision involved the advisability of restricting flights from China, where the outbreak began. The WHO's initial guidance against imposing travel bans was based on the information available at the time and their understanding of international health regulations. However, this decision has since been a subject of debate among public health experts and policymakers, considering the subsequent global spread of the virus.

The WHO, funded in part by contributions from various countries, including the United States and European nations, operates in a complex geopolitical landscape. This context has led to discussions about the influence of major funders on the organization's policy and decision-making processes. The pandemic has highlighted the need for transparent and adaptive global health governance mechanisms that can swiftly respond to emerging threats while balancing the diverse interests and needs of all countries, particularly those in the developing world.

International Politics and Public Health: A Mirror of Bias and Corporate Interests

The relationship between international politics and public health policy is complex and multifaceted. Across the globe, from the United States to India, there are instances where the interests of various industries, including the military sector, intersect with public health and policy decisions. This raises questions about the balance between corporate influence and public welfare. For instance, in examining global conflicts and the role of organizations like the United Nations, one can observe the challenges in navigating the interests of different stakeholders, including major countries involved in the arms industry. Such scenarios highlight the intricate dynamics between political decision-making and humanitarian objectives. This reflection on the global stage mirrors the need for transparency and accountability in policy-making at both international and national levels. Emphasizing the importance of impartiality in public health and political policies is key to ensuring that decisions are made in the best interest of global communities.

Public Health System of India

The Public Health system of India is divided in three sections: Primary Health care, secondary health care, Tertiary health care. The concept of Primary health care first introduced to India, via Bhore committee in 1946. Later it, came under the light following the International conference at Alma – Ata in 1978, which set a goal of achieving an acceptable level of Health for All people in the world by the year 2000, through the primary health care approach. As a salutary of Alma Ata Declaration' Health for All goal, the Gov. Of India came forward with the primary health care approach which aim to give universal comprehensive health care at a cost which is affordable to poor people of India. The principles of Primary Health care are Equitable distribution, means priority given to the people who requires the care most; Community participation; Inter-sectoral co-ordination and use of appropriate technology.

Primary healthcare serves as the foundation of a robust health system, providing crucial services at the grassroots level, including health promotion, disease prevention, and basic curative care. In India, the healthcare system is designed as a three-tier hierarchy, with primary care acting as the first point of contact for patients, escalating to secondary and tertiary levels based on the complexity of medical needs.

Despite the well-defined structure, there are disparities in the implementation of these services, influenced by socio-economic and geographical factors. For instance, while tertiary care facilities like specialty hospitals and major medical institutes are primarily located in urban areas, rural regions often face challenges in accessing even fundamental primary healthcare services. This uneven distribution indicates a need for a more equitable approach in healthcare planning and resource allocation, ensuring that all segments of the population, irrespective of their socio-economic status or geographical location, have access to the necessary healthcare services.

Moreover, the observation that substantial healthcare projects are frequently initiated towards the end of political terms by State Governments raises important questions about long-term planning and continuity in public health initiatives. This situation highlights the need for sustained, long-term strategies in public health policy that transcend political cycles, ensuring consistent and uninterrupted healthcare services to all citizens. By addressing these systemic issues, the goal of equitable and accessible healthcare for every individual, regardless of their social strata, can be more effectively achieved.

Social stratification

The influence of caste in the healthcare assess in the community has been studied. The implementation of the maternal health care through Jani Suraksha Yojana (JSY) is biased according to caste identity and there is inequity associated social discrimination against SCs/STs in assess to JSY.[21]

When analysing the data based on the National Family Health Survey II with respect to the prevalence of anaemia, utilization of maternal health care, IMR and vaccinations among different caste groups in India, it is found that there are huge caste disparity in access to health care.[22]

Urban - Rural Divide

There is a disproportionate distribution of health care services across urban and rural areas across India. When considering the public sector also about 29.2% of the public expenditure are allotted for urban hospitals in contrast to only 11.8% share to rural areas.[8]

Most of the tertiary health care and All India Institutes are concentrated towards the wealthy urban areas. When analysing the number of the bed also there is a huge disparity between rural and urban areas, with urban areas allotted with twice the number of the bed.[23], and the rapid development of the private sector in urban areas has resulted in an unplanned and unequal geographical distribution of services[24].

Exploring the Impacts of Privatisation in Healthcare and Medical Education

In recent developments, there has been a push towards greater private sector involvement in the healthcare and medical education sectors in India. Prime Minister Narendra Modi, on February 26, 2022, encouraged significant private sector participation and called for state governments to facilitate policies that support this transition, including the allocation of land for such initiatives. This shift towards privatisation aims to expand and diversify the healthcare and medical education landscape in the country.

However, this move also brings to the forefront concerns regarding its impact on accessibility for economically disadvantaged students aspiring to enter the medical profession. The challenge lies in balancing the expansion of private medical education with the strengthening of public institutions. Ensuring that the growth of private medical colleges complements, rather than competes with, the capacity and quality of government medical colleges is crucial for maintaining inclusivity in medical education. This approach is vital for preventing further social stratification and ensuring that quality medical education remains accessible to students from all socio-economic backgrounds.

Misinterpretation of the Indian Philosophy by the Politician and Biased policies.

The intersection of Indian philosophy and contemporary politics invites a nuanced examination of how philosophical tenets are interpreted and utilized in governance. There is a growing discourse on how certain political narratives may diverge from the core teachings of traditional Indian philosophy, particularly when it

---

[21] Mishra PS, Veerapandian K, Choudhary PK. Impact of socio-economic inequity in access to maternal health benefits in India: Evidence from Janani Suraksha Yojana using NFHS data. PLoS One. 2021 Mar 11;16(3):e0247935. doi: 10.1371/journal.pone.0247935. PMID: 33705451; PMCID: PMC7951864.

[22] Nayar KR. Social exclusion, caste & health: a review based on the social determinants' framework. Indian J Med Res. 2007 Oct;126(4):355-63. PMID: 18032810.

[23] CBHI. Health Infrastructure, National Health Profile (NHP) of India - 2008. 2008

[24] De Costa A, Al-Muniri A, Diwan VK, Eriksson B. Where are healthcare providers? Exploring relationships between context and human resources for health Madhya Pradesh province, India. Health Policy. 2009 Nov;93(1):41-7. doi: 10.1016/j.healthpol.2009.03.015. Epub 2009 Jun 25. Pmid: 19559495.

comes to societal division based on religion, caste, or nationality. Such divisions, often amplified in political rhetoric, can lead to policies that seem to favor specific groups, potentially impacting the broader goal of social harmony and global peace.

Analysed on the basis of the teachings of two great Indian philosophers J.Krishnamurti and Sri. Aurobindo; it is understood that, what is devotion or 'love' as mentioned in Indian Philosophy is without bias and religiosity, aspiring only for human wellness and not social stratification . The concept of Vedanta says, "the knowledge are not complete unless we go beyond this idea of quality and space and division by which there comes the experience of less and more, large and small, part and whole, and see the whole infinite everywhere; we must see the universe and each thing is the universe as in its existence and secret consciousness and power and delight the indivisible Divine in its entity, however much the figure it makes to our minds may appear only as a partial manifestation."

In the context of policymaking, this philosophy advocates for inclusivity and unity, rather than social stratification. While policies that create short-term political gains through division might appear beneficial, they could potentially lead to long-term challenges for national unity and harmony. The teachings of Indian philosophy, thus, offer a lens for reevaluating contemporary policies and striving towards decisions that align with the principles of inclusivity and collective well-being.

Way Forward- Lessons from Social Philosophy

Public health policies should be based on principles for the betterment of mental and physical wellness of all individuals, since it is said that healthy body is an outcome of healthy mind. In this era of scientific progress and overdependence on unhealthy competitions and uneven distribution of wealth; the wellness of individuals and society as a whole can be affected. The teachings of the great Indian philosophers J. Krishnamurti[25] and Sri. Aurobuindo Ghosh[26] gives an understanding of the present scenario based on the concept of cosmic consciousness. This analysis based on their teachings can be considered as a study of social philosophy.

The Future – An Attitudinal Change

Since ages, narrow mindedness of certain people exploited humanity for their selfish attainments using their political power leading to chaos in society and splitting society based on ethnicity, beliefs and other wrong perceptions. An attitudinal change by training individuals to think positively based on better understanding of the world and the self and the duties of each individual in the modern complex society is needed.

A policy to make an attitudinal change to effect universal brotherhood that leads to "One world" concept based on mutual love and tolerance between individuals, societies, and at large between nations is necessary to build a healthy society, physically and mentally. Unselfish love for everybody is to be explored to understand and aspire for a future healthy society where individuals can live without fear and anxiety, and where universal brotherhood is established that leads to a healthy society where we are mentally free to receive insight from soul.

One World and Health for All

The importance of national integration and the policies to maintain a sincere world government and world health organisations to maintain a healthy society for peaceful living of the individuals was foreseen by

[25] Krishnamurti. J; The First and last Freedom; Published 2013

[26] Ghosh A, The synthesis of Yoga; Published 2015,

Indian philosophers who considered humanity as a whole, and not as fragments leading to conflicts; and the policies based on broader outlook for the betterment of humanity is an urgent need at present.

Recent eminent Indian philosophers also advocated for a world government, word health organisation for wellness of humanity as a whole, based on positive thinking and unselfish and liberal policies for the betterment of the downtrodden in the society; since they were concerned only with the welfare of humanity as a whole. We must have an understanding of the great Indian philosophers for undertaking good and useful policies for the betterment of our society and humanity as a whole.

Understandings the tremendous destructive tendency behind such narrow selfish thinking; the philosophers all over the world demanded for a world government considering progress of humanity as a whole, that lead to the concept of "One World", based on mutual love and compassion; for world peace leading to progress of humanity as a whole, and the wellness of each individual, physically, mentally and spiritually. Future generation must be trained to have the correct perception of the world we live and to neglect the narrow selfish motives to split society into fragments that leads to unhealthy relations between different societies.

This analysis, drawing upon the teachings of the eminent philosopher Sri Aurobindo, who authored thirty-two comprehensive volumes on philosophy and played a pivotal role in India's fight for independence, aims to contribute to the understanding of social philosophy. Sri Aurobindo also founded a unique community in Pondicherry, envisioned as an ideal society based on principles of collective welfare and human solidarity, reflecting his commitment to the well-being of people globally

Conclusion

The political system is a medium through which the public health officials can implement a large-scale population level and lasting systemic change. Through unbiased politically neutral policies we can eliminate pre-existing social discrimination and geographic disparities in access to health care services.

In conclusion, this exploration into the interplay of politics and public health reveals a landscape marred by biases and corporate interests. The need for transparency, accountability, and a commitment to unbiased policy-making is paramount. A healthy society can only be achieved through mutual understanding, respect, and policies informed by the principles of social philosophy, as advocated by our eminent philosophers, as it is said that "In God's providence there is no evil, but only good or its preparation."[28]

References