

A Need to Reinvent Public Health; Lessons from Covid 19 Pandemic

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Everyone has power of choice over their body and more importantly, control over their health status. Unfortunately, ailments make individuals lose this control to family members and/or the health-care workers. In addition, few people are aware that one only remains in control over their health if they are healthy and are able to prevent both communicable and non-communicable related ailments. Nonetheless, in case one falls ill, it is important to know when they lose this power of control to either the health-care providers or family members. At this point of loss of control, it is important that one carefully follows the advice of the health-care providers who are obliged to inform them the consequences of their choice of any treatment option.

It is however important to note that the loss of control over one's health-care and transfer of inherent power of choice to a family member who will uphold the best interest of the patient should be a process and not a sudden event. Of late with the Covid-19 pandemic, we observe sudden loss of control of one's health-care resulting into unwelcomed hospital admissions, isolation and stigma [1]. Often, there is a tug-of-war on the loss of health-care and many people sustain being in control by practicing self-medication using herbal drugs or over the counter prescription [2]. However, self-medication has been abused especially by extending cheap care of scientifically unproven treatment options to family members. This is in the guise of saving time by avoiding long queues in consultative rooms, pharmacy and laboratory. People instead opt for self-diagnose and self-treat (self-care). Other reasons for self-medication are: distance from healthcare facilities, financial constraints, ignorance, beliefs and availability of herbal or alternative drugs

etc [3]. This situation on self-medication has been aggravated by Covid-19 management where the general population, in order to avoid the stigma associated with the infection [1] and to remain in control of their health-care, have been using myriad approaches (most of which are scientifically-unproven) based mainly on information from social-media or friends.

The best ground to demonstrate a tug-of-war on the loss of control is the rampant self-care on the management of febrile illnesses. People who reside in malaria endemic areas often self-diagnose and self-treat malaria [4]. Unfortunately, this practice is often extended to minors whose power of choice is entrusted with their guardians. Majority of the cases involve the use of either herbal medications or over the counter antimalarial or antibiotics and painkiller prescription [4]. Febrile illnesses are very common and treating them in most of the health facilities is a big challenge due to limited diagnostic capacity for viral or bacterial infections. As a result of diagnostic challenges, one exercises this control by juggling between two options: its either malaria or bacterial infection. At times, these patients' impose this power to the health-care workers when they insist on having malaria tests and even antimalarial drugs [4].

As much as the limitations of our health system necessitates the practice of self-medication, it is also important to point out that self-medication has potential risks which include: incorrect self-diagnosis, incorrect choice of therapy, failure to recognize that the same active substance is already being taken under a different name, failure to recognize or report adverse reactions, incorrect dosage, food and drug interactions, etc [3]. Consequently, self-medication has become a debatable issue and there is a need for a

national and international conversation and a scientifically-backed regulation.

In most of the developing countries, there is paternalistic approach to medicine - tell me what you feel - then I tell you what to do [5]. This remains the commonest approach in our health system that has limited support for self-care. The paternalistic approach to medicine works probably with the treatable communicable diseases such as malaria, typhoid etc. However, for the minor or chronic ailments such as non-communicable diseases informed self-care or self-medication is critical. Here is a verbatim from WHO Guidelines for the regulatory assessment of medicinal products for use in self-medication-2000 "It has become widely accepted that self-medication has an important place in the health care system. Recognition of the responsibility of individuals for their own health awareness that professional care for minor ailments is often unnecessary has contributed to this view. Improvement in people's general knowledge, level of education and socio-economic status in many countries form a reasonable basis for successful self-medication".

With people avoiding visits to the health facilities for fear of other infections (especially Covid-19), there is going to be wanton increase in practice of self-medication [6]. This calls for urgent need to reinvent the public health, in particular, health education and more importantly, guideline for self-medication tailored to specific areas. For instance, in malaria endemic areas we may see upsurge of malaria-related mortality due to home based self-medication based on misdiagnosed diseases. However, we need to be ready to take on the dilemma that responsible self-care probably works for some non-communicable diseases but if individuals are not responsible then self-care can be catastrophic for highly infectious communicable diseases such as Covid-19, Ebola, Dengue fever, etc.

Following the Covid-19 pandemic - its out-break, management and finally vaccinations - there is an urgent need to relook at the principles of public health practice and epidemiology in the public health-care practice in the context of emerging infections. Emphasizing the demand for evidence-based public health messaging on the public health emergency to avoiding propagation of falsehood, enhancing the integration of public health emergency education and health systems care. Also, building the capacity of public health experts to track and measure health status of the population (self-control vs loss of control) and address fallacies that may hinder the uptake of interventions.

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