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Pathways to Global Health Equity: More Seats, Fresh Perspectives

'I have lost three children to diarrhea. I am afraid the fourth will not survive,' lamented the woman waiting at the community center. The mothers around her nodded in solidarity.

The origins of my journey in medicine and global health are rooted in two indelible, distinct experiences. The first of these came as a teenage volunteer at a community center in my home city of Mumbai. Apart from our center, a gleaming private hospital acted as the only source of care in the precinct. Yet, unfortunately, its doors were shut to the community we served. Residents often discussed the pathos inherent in living within the hospital's shadow, knowing that your condition was treatable, but being unable to afford care. The sense of injustice was profound. Why do we fail to deliver treatments where they are most needed? How can we design robust health systems and harness technology to create models of care that enhance equity and quality of health services? These are complex questions and I quickly learned that they require interdisciplinary perspectives to answer.

Two years later, as a rising sophomore in college, I was working on a public health project in Jinja, Uganda through a partnership between Northwestern University, an international NGO, and the Ugandan Health Ministry. The project involved working with local officials to develop a public health intervention in a low- income, transient community. After initial meetings with officials and ministry representatives, we developed a plan to tackle high rates of malaria incidence in the township. However, progress quickly stalled, hamstrung by a baffling lack of community cooperation. At this juncture, a colleague who was intimately familiar with the community we were working with provided a nugget of wisdom that has shaped my thinking around healthcare redesign. "What have you done to ensure that your solution is aligned with the community's needs and assets?" he asked me. "Involve the community health workers and listen to the community, my friend!"

These formative experiences in global health convinced me that the field's challenges require multidisciplinary collaborations and approaches. Health inequity is simultaneously a global and local issue. While global in scope, the importance of cultural context, micro-level systems of power in the community, and the central role of regional government, lead to solutions that are often local. Further, as my understanding of the importance of the social determinants of health grew, it was evident that designing more equitable and efficient care delivery models involves emphasizing the role of housing, law enforcement, access to transportation, food, social security, and so forth.

Over the past nine years, I have intentionally cultivated experiences working on cross-functional teams across the policy, private and clinical dimensions, and gained exposure to health systems in India, United States, Canada, and Uganda. As a healthcare consultant, I worked with nurses, physicians, design thinkers, business leaders, and social workers to

build a coordinated care network for patients living with mental health and addictions related disorders in a region of Ontario. The diversity of perspectives embedded within our team helped us approach mental health from a clinical, financial, and social angle to provide fulsome recommendations that addressed several gaps in the existing system. Further, in 2019, I supported a research project in India that involved integrating community level mental health services into the existing primary care system. Once again, the team involved social workers, researchers and physicians working in collaboration with government bureaucrats and community health workers. The bureaucrats provided an invaluable perspective on the incentives that drove the government machinery while the community health workers highlighted several practical considerations that constrained patients from seeking care. Without their input, the project would have struggled to impact the community.

A common theme of appreciating interdisciplinary approaches underscores my various experiences in healthcare, right from my first experience at the community center in Mumbai to my recent experiences shadowing physicians at Mount Sinai. I have learned that excellent clinical care and successful systems-level reform requires the involvement of expertise across a range of fields and the pursuit of interdisciplinary solutions. In the years to come, I aim to complete medical school and pursue residency, with the goal of building a career at the intersection of clinical care and healthcare policy and management. As I advance in my career, I will ensure that there is a seat at the discussion table for technologists, historians, anthropologists, physicians, social workers, patients, policymakers, nurses, social scientists, and individuals from communities who have been neglected by the health system.

As we continue to navigate a once in a generation pandemic, the pressing need to develop micro, meso and macro solutions that address health inequity is evident. We need to reimagine healthcare delivery. Valuing and pursuing multidisciplinary approaches and collaborations is central to this mission.