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IP Journal of Otorhinolaryngology and Allied Science

Journal homepage: <https://www.joas.co.in/>

Editorial

Is "Health for all" a distant dream? - A personal perspective

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Received: 10-01-2025; **Accepted:** 12-03-2025; **Available Online:** 19-03-2025

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When I began my role as a specialist medical officer in a district hospital in Jharkhand, I was struck by the significant disparities in ear, nose, and throat (ENT) care in block hospitals. The lack of basic ENT services in rural India leads to suffering and disabilities that could have been prevented. This lacunae can be addressed with the use of artificial intelligence (AI) and community driven initiatives.

The Global Burden of Disease Study 2019 estimates that over 1.5 billion people worldwide suffer from hearing loss with low- and middle-income countries (LMICs) bearing a disproportionate share of burden.¹

I met a single mother caring for her teenage daughter, who had severe hearing loss since birth (about 5-6 infants in 1000 neonates have hearing loss). Their struggles to make ends meet were heartbreaking, and I couldn't help but wonder how their lives might have improved had they received an early diagnosis and treatment before irreversible damage occurred.

The National Programme for Prevention and Control of Deafness (NPPCD) mandates that health care workers evaluate all newborns. This would lessen the financial burden of deafness by ensuring that it is identified at an early stage and curative treatment can be initiated.²

Rwanda's cochlear implant program which restored hearing to many children is an example of how initiatives like this can make our dream of 'health for all' a reality. On

similar lines, India's ADIP scheme, which included cochlear implantation in 2014, has served in providing physical, social and emotional rehabilitation to children with congenital hearing loss. I feel cochlear implantation can be considered life - saving.³

1. How AI is Revolutionising ENT Care

Imagine a child in a remote village unable to achieve academic excellence, constantly ridiculed by parents and teachers, while the real problem is lack of specialists to diagnose conditions like otitis media with effusion. And, now, consider a community health worker using AI - assisted otoscopes and diagnoses the condition while still in its initial stage. Another, scenario is of a patient with treatable head and neck cancer whose condition worsens because of delayed diagnosis. A timely referral would have been curative and also, less expensive. All these situations entail travel to district hospital for diagnosis, involving travel expenses and loss of workdays burdening their already meagre resources.

AI technology can help to strengthen our health and wellness centres providing community health workers the tools to handle common conditions and provide timely referrals. However, it comes with its own challenges like data privacy, algorithmic biases and equitable access to technology. These concerns need to be dealt with to ensure that benefits of technology are accessible to each and everyone.⁴

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2. Strategies to Bridge the Gap

There are two methods to bring specialist care to the interior are “Telemedicine” and “Task-shifting”

Telemedicine allows ENT specialists to consult with patients in far flung areas, overcoming geographical barriers. In India, where 60% of healthcare professionals serve 30% of the urban population, telemedicine can help balance the urban-to-rural doctor ratio of 3.8:1. The Government of India launched eSanjeevani, a telemedicine platform, on 9th August 2020. By 17th March 2021, the platform had facilitated approximately 3 million consultations, proving its potential in delivering non-COVID essential healthcare. However, in my experience as faculty in AIIMS, Kalyani, I observed that direct consultation with patients in eSanjeevani OPD, often, would lead to misdiagnosis as it didn't involve examination of the patient clinically. A better approach, in my view, is use of AI tools to capture images of the ear, nose and throat during examinations conducted by medical officers or community health workers. They could also act as facilitators between the patients, who may not properly convey their problems, ensuring the proper treatment regimen is undertaken and following up with them. This brings to the next strategy of “Task-shifting”.

Task-shifting, which involves training general practitioners and community health workers to manage basic ENT conditions, has shown success in resource-limited settings.⁵ The Ayushman Bharat scheme aims to establish 150,000 Health and Wellness Centres (HWCs) across India. While Sub-Centres (SCs) currently handle about 10% of the morbidity burden, Health and Wellness Centres (HWCs) are expected to manage 70%. Staff at these centres will be trained to address common health issues, including ENT conditions, bringing universal healthcare closer to reality.⁶

3. A Call to Action

Like all problems, the solution lies in a collective effort. Governments, healthcare providers, technology innovators, and non-profits must collaborate to ensure that ENT services are accessible to all, regardless of location or income. Every technology like internet, smartphones has changed our lives in numerous ways. Let AI pave the path to bring “Health for All” a tangible reality. No one should suffer from preventable or treatable conditions simply because of where they live.

4. Source of Funding

None.

5. Conflict of Interest

None.

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Cite this article: Prasad R. Is "Health for all "a distant dream ? – A personal perspective. *J Otorhinol Allied Sci*..2025;8(1) 3-4.