

Speech Draft

The Kerala Model: Foundations of Public Health and Social Justice (ofcourse heading only for your reference and classification):

I come from a land where the fight for justice-social, gender, and economic-has deep roots. My own story, as I recount in my book “*My life as a Comrade*”, is women into Kerala’s history of social reform: from movements against untouchability to the assertion of women’s rights, and the collective effort to dismantle feudal and caste hierarchies. These struggles taught us that health is not merely the absence of disease, but the presence of dignity, equality and opportunity.

Kerala’s public health achievements-high life expectancy, low infant and maternal mortality, and a robust human development index-are not accidents. They are the result of decades of investment in education, land reforms, and decentralized governance. Our health system is people-oriented, accessible, and rooted in community participation. We have always believed. “My health is my responsibility, and our health is our collective strength”.

In 2018, when the deadly Nipah virus struck Kerala, we faced a pathogen we had never encountered before. There was fear, uncertainty, and a race against time. But we acted-swiftly, transparently, and scientifically. We listened to experts, empowered out health workers, and communicated honestly with the public. We put in place protocols and built trust, tuning a potential catastrophe into a lesson in resilience.

The devastating floods of 2018 and 2019 tested our disaster preparedness. Thousands of youth volunteers were trained, communities were mobilized, and permanent shelters were created. We learned that resilience is not just about infrastructure, but about empowering people to face adversity with knowledge and solidarity.

When COVID-19 swept across the world, Kerala stood at a crossroads. Our state, with its dense population and high mobility, was especially vulnerable. But we responded not with fear, but with solidarity, science, and an unwavering commitment to justice.

One of our most impactful strategies was the “**Break the Chain**” campaign- a mass movement launched to halt the transmission of the virus. We recognized early that the fight against COVID-19 would be won not just in hospitals, but in homes, streets, and workplaces. The campaign, which I had the privilege to inaugurate, focused on simple, universally accessible habits: frequent handwashing, use of masks, social distancing, and avoiding unnecessary contact. We installed handwashing, kiosks at bus stops, offices, and residential complexes, and spread the message through every available channel print, digital, and social media, even using cartoon murals and creative performances to engage people of all ages and backgrounds.

But “Brea the Chain” was more than a slogan. It was a call for collective responsibility. Government offices, banks, public sector companies, and community organizations all joined in. Our police force, local self-governments, and thousands of volunteers many of them women-became the backbone of our public health effort. This decentralized, people-powered approach enabled us to trace, test, and isolate cases swiftly, keeping our fatality rates among the lowest in the country.

Social and Gender Justice were at the Core of the fight against covid.

Kerala’s COVID-19 response was not just about containing a virus-it was about protecting the most vulnerable and upholding dignity for all. We knew that crises magnify existing inequalities. That’s why our relief measures prioritized the marginalized.

- We set up over a thousand community kitchens, managed by local governments and the women’s collective Kudumbashree, to ensure no one went hungry be they daily wage workers, migrant “guest workers”, or those in quarantine.
- Essential supplies, medicines, and midday meals for children were delivered to homes, including those of the elderly and people with disabilities.
- Special helplines and outreach programs were created to address mental health and domestic violence, recognizing the unique burdens faced by women and children during lockdowns.

Our gender-sensitive approach was not accidental. Kerala’s Public health systems is built on the shoulders of women: nurses, ASHA workers, anganwadi workers, Kudumbashree volunteers, and elected women representatives in local bodies. During the pandemic, these women became frontline warriors tracing contracts, delivering food, spreading awareness, and caring for the sick. Their leadership and sacrifice turned the tide in our favor, and their example is a testament to the power of gender justice in public health.

Kerala’s COVID-19 experience shows that **empathy is not a soft value-it is strategy for survival and resilience**. By centering the needs of the most vulnerable, empowering women, and mobilizing communities, we not only broke the chain of infection, but also strengthened the chains of solidarity and justice that bind us together.

Let us remember the true measure of society is how it treats its most vulnerable, especially in times of crisis, in Kerala, we chose to face the pandemic not as isolated individuals, but as a caring community-committed to health, justice, and dignity for all.

This approach, rooted in empathy and justice, is Kerala's message to the world: that public health is inseparable from social and gender justice, and that together, we can overcome even the gravest challenges.

Leadership, to me, is not about authority but about listening, learning, and acting with empathy. As a former teacher and a mother, I understood the anxieties of families. We decentralized decision making, empowered women and local leaders, and made our health system more accessible and inclusive. Compassion and humanity are not weaknesses in a leader they are our greatest strengths.

We recognized that pandemics and disasters affect women and marginalized communities disproportionately. We strengthened reproductive health services, addressed gender-based violence, and ensured that social protection reached the most vulnerable.

Kerala has taken bold steps towards gender justice. We established the Gender Park, promoted social entrepreneurship among women and transgender persons, and mainstreamed transgender welfare through education and skill development programs. We believe that true development is not possible without the upliftment of those at the margins. Representation matters not as a token, but as a right. Women must have a seat at the table, not just as beneficiaries but as decision-makers.

The crises we faced-Nipah, floods, COVID-19 – were litmus tests for governance. They proved that a strong public health system, rooted in equity and empathy, can save lives and build resilience. But they also exposed the gaps of representation, of resources, of preparedness. Across India, women constitute significant proportion of the health workforce especially, in the field, yet their leadership remains minimal. We must change this.

Public health is not just about medicine-it is about justice, dignity, and the courage to care. We must invest in primary health, empower communities, and place empathy at the heart of policy.

As I stand before you, I am reminded of my grandmother's stories of struggle, hope, and the power of collective action. Our journey is far from over. Disasters will come, but so will our determination to overcome them-together.

Let us build a future where health is a right, not a privilege; where social and gender justice are realities, not aspirations; and where empathy guides our every action.

Thank you.