

Background

The 1978 Alma Ata conference organized by WHO and UNICEF under pressure from civil society organizations declared 'Health as a Human Right' and promised 'Health for All by 2000'. To achieve this social goal 'primary health care' was selected as a strategy. There was immediate resistance to this approach. Unfortunately, the health of people in developing countries did not improve but in fact, worsened. New threats to health such as privatization, corporatization and commercialisation of health care, are continually emerging. Currently, we are facing a global health crisis, characterized by growing inequalities within and between countries.

The **right to health and health care** are not constitutionally guaranteed fundamental rights in India. The Constitution only guarantees "Right to Life", which implies that only emergency health and occupational health care in the organised sector are recognized as rights .

The People's Health Movement is an upsurge and coming together of people's social movements and health initiatives. It is a people's response to ever widening health inequities. The PHM calls for a revitalization of the principles of the Alma-Ata Declaration which promised Health for All by the year 2000 and complete revision of international and domestic policies that impact negatively on peoples health status and public health systems. It firmly believes that the underlying determinants of health need to be addressed if we have to realise the goal of "Health for All" ..

PHM's activities and health initiatives occur in around 90 countries and across five continents. They serve as a reminder to international bodies, national governments, academia and the public health community of forgotten pledges and declarations.

Vision

"Equity, ecologically-sustainable development and peace are at the heart of our vision of a better world – a world in which a healthy life for all is a reality; a world that respects, appreciates and celebrates all life and diversity; a world that enables the flowering of people's talents and abilities to enrich each other; a world in which people's voices guide the decisions that shape our lives." – People's Charter for Health, 2000

Jan Swasthya Abhiyan (JSA) – People's Health Movement, India

JSA is the Indian chapter of the People's Health Movement, consisting of a coalition of 22 networks, alliances, movements, resource groups and federation of civil society organizations.

It is a broad national platform for the collective analysis, reflection and action regarding health and health care towards the goal of *Health For All*. Actions designed in the campaign would work both ways between the state and the national movement. JSA has a strong presence in most of the 28 states of India. The states autonomously manage their own programmes and campaigns, & participate in national campaign and assemblies.

People's Health Charter

The failure of Governments and international bodies to implement primary health care and to address health determinants has led to global health crises. People-centered initiatives are necessary to pressurize policy makers, governments and private sectors to ensure that the Alma Ata declaration becomes a reality.

Several international organizations and civil society organizations which were working for equity of health organized the first peoples health assembly at Gonoshasthya Kendra, Savar, Bangladesh in 2000. Over hundred concurrent sessions on health, life and wellbeing; inequality poverty and health; environment and survival; health care and health services; and the ways ahead lead to the conclusion that health and equitable development should become the top priorities for policy makers. **The review of problems/**

difficulties and experiences of 1453 participants from 92 countries lead to the formulation of people's charter for health.

People's Health Charter is a reaffirmation of inalienable rights and demands for comprehensive health care that includes food security; sustainable livelihood options including secure employment opportunities; access to housing, drinking water and sanitation; and appropriate medical care for all not excluding HIV / AIDS affected; in sum - the right to "***Health for All, Now!***". It asserts the importance of the right to health care, while opposing globalization policies and demands.

Objectives of Jan Swasthya Abhiyan

- Promote ***Health for All*** as an equitable, participatory and intersectoral movement and as a rights issue;
- Promote the people's participation and organization in the formulation, implementation and evaluation of health and social policies;
- Promote health, along with equity and sustainable development as top priorities in local, national and international policy making;
- Encourage people to develop their own solutions to their local health needs;
- Bring together movements working on the various other issues like Right to Food, Disability, HIV / AIDS etc.,
- Hold accountable local authorities, national governments, international organizations and corporations to the ***Health for All*** commitments.

Janaarogya Andolana Karnataka (JAAK) is the Karnataka state affiliate of Jan Swasthya Abhiyan. JAAK is a consortium of civil society groups working towards the realisation of the dreams laid out in Indian People's Health Charter. The goal of JAAK is to reach a critical mass level, needed to influence health policies in favour of the poor, and to organize those most affected by the trends of current policies.

JAAK members organise and motivate various organizations and communities regarding issues such as access to drugs, trade and social determinants in the context of HIV/ AIDS and other concerns affecting people's health. Since 2000, Jan Aarogya Andolana has been focusing on the following areas:

- Strengthening Primary Health Care, and implementation of the Karnataka Integrated Health Policy;
- Three health assemblies have been organized in 2000 2005 and 2007
- Right to Health Care Campaign;
- Strengthening of Indian systems of medicine & local health traditions;
- Promoting access to essential medicines;
- Women's Right to Primary Health Care, Women's Health Empowerment and Gender issues;
- Health of the Urban Poor;
- Right to Food Campaign;
- Tobacco and Alcohol Control
- *HIV& AIDS*

Meeting preparing for World Health Day
Preliminary Assessment of Primary Health Centers in Raichur District, Karnataka
April 6, 2006
“People’s Partnership in Primary Health Care”
Bangalore, Karnataka

Given the conditions of state health services and PHCs, JAAK has been trying to make primary health care available to people. The medical officers and ANMs work in hard conditions of extreme heat, failure of electricity, dilapidated quarters etc. However, if these basic issues are taken care of, the state and the civil society can make the PHC service more available and accessible to people.

In an attempt to be inclusive, interviews were conducted with PHC personnel, villagers from the covered areas and civil society organizations working with the UNICEF health program.

7 PHCs were surveyed by. After the surveying of seven Primary Health Centers (PHCs) by 6 civil society organizations in Raichur District, common underlying issues have surfaced based on the concerns of the villagers, PHC staff, and personal observations.

As a result suggestions for making PHCs accessible to the community include:

1. A monitoring committee, similar to the one existing for fair price shops, should be set up to monitor the PHCs.
2. From our interactions we have understood that the medical and PHC staff require orientation and training on rational drug therapy, health education and skills to interact with the community.
3. Increased interaction between the PHC staff and the community

PEOPLE’S HEALTH DAY- April 6, 2006
“Peoples Partnership in Primary Health Care”

The Janaarogya Andolana organized the programme “Peoples Partnership in Primary Health Care” (PPP) on 6th April 2006, in view of World Health Day on 7th April 2006 in Bangalore. About fifty-five people from 6 districts in Karnataka participated in the programme.

The participants made presentation on the status of Primary Health Care in their district. The minister for Health and Family Welfare, the Director of Health Services and the Chief Health Officer of the Bangalore Mahanagara Palike (BMP) were invited for the programme to listen to the concerns of the people. The following organizations and their partners in the district documented evidences for status of Primary Health Care; Belaku Trust in Kanakapura taluk in Bangalore Urban District, Jaguratha Mahila Sanghatane (JMS) and Navajeevana Mahila Okkoota (NMO)–Women Agricultural labourer’s Union, Raichur District, Abhivrudhi in Gubbi taluk of Tumkur district, Grameena Mahila Okkoota in Mulbagal taluk of Kolar district, Jagruthi in Dharwad district, APSA in Bangalore urban district.

Individual and health centre case studies were presented during the public hearings to highlight the structural deficiencies in the public health care system. The Government official who was present at the meeting was asked to respond to the same. The response was very disappointing, which caused anguish among the civil society people present at that meeting.

Meeting April 25, 2006 - Vishranti Nilayam, 18, Infantry Road, Bangalore

Despite the disappointment regarding the response of government officials on World Health Day, determined not to let the process go waste, a few organisations convened the following day and decided to work until their voice is heard. The result was a follow-up meeting on April 25th 2006, where the organizations present discussed health and health care scenario in their respective areas. An action plan was formulated through brainstorming about how to collectively address issues in health/primary health care. About 29 actions were discussed and finally the common underlying action that emerged was to have actions to rejuvenate the Primary Health Centers as a first step to ensure that people had access to health care.

At about the same time Jagruti a partner organization working in Belgaum District had done some mass actions in front of 3 PHCs. These actions were preceded by awareness campaigns among the SHG members. As a result of these actions some local level improvements took place and hence this action became a model for action which could be utilized at the various districts. Pushpalatha said that the discussion was necessary on whether a change can be created by protesting before individual PHCs. She said that action needed to happen at both the grassroots level and at the policy level. As a result, an all-Karnataka plan emerged

A brief action plan (with time frame) was discussed which is as follows:

1. Action plan must reflect in each individual organisation's action plan (1st month)
2. Expand the group in each district (2nd month)
3. Meeting of large group (3rd month) - June 25 2006
4. District meetings (3rd - 4th month)
5. Trainings and capacity building workshops in the districts (4th - 5th month)
6. PHC survey (6th month)

Sunday, June 25, 2006 Meeting held in Ashirvad, Bangalore

- 1) Meetings to orient organisations to the 'Revitalising PHCs campaign' were held in the following districts: Raichur (18 Jun), Kolar (16 Jun), Tumkur (20 Jun), Gulbarga (12 Jun) and Bangalore Urban (23 Jun). A second round of meetings were held in the following districts: Raichur (15 Jul), Kolar (20 Jul), Tumkur (18 Jul) and Bangalore Urban (6 Jul). The other districts where meetings were held in the month of Aug 2006 were Bangalore Rural, Dharwad, Bijapur, Bidar and Chamarajanagar.
- 2) Based on the brainstorming about campaign issues and strategies which emerged at the JAA-K meeting on April 25th, the following priorities and sequence of events was finalised. They are as follows:
 - a. Information dissemination about Primary Health Care to civil society organizations and communities.
 - b. Information dissemination regarding health and primary health care activities of the Government to civil society organizations and communities.
 - c. PHC survey
 - d. Documentation of cases of denial of health care.
 - e. Letter campaign.
 - f. Block/ district level public hearings.
 - g. PHC Action (*Dharnas*, Discussions, PHC level public hearings, etc.)
- 3) A felt need was for a lot of data that had to be collected from the Government like Health Budget, various programs of the Government etc.,
- 4) Some other issues like the communication issues, identity issues etc., were discussed. Community Health Cell would continue to be the communication point, this action would be as part of Revitalising Primary Health Care issue circle of JAAK
- 5) Campaign materials like Audio / Video Cassettes, pamphlets, banners, booklets in kannada was to be prepared
- 6) The next JAA-K meeting will be on August 25, 2006.

Tuesday, July 25, 2006 Training on using Right to Information Act, 2005 in the Right to Health Campaign of Karnataka at CMAI, Bangalore

1. In collaboration with the Sakshi Trust, the participants of the Andolana from the various districts were given a detailed orientation on the RTI Act and its provisions
2. A group discussion was held regarding the various health related issues that could be tackled using the RTI Act

3. Participants were then asked to file actual RTI applications with the Health issue that they wanted to address and suitable modifications / corrections were suggested by the resource persons

JAAK meeting at Kolar on 27/09/2006

1. A small group of people from JAAK who were near Kolar met at GMO office to further brainstorm on the strategies that needed to be evolved for the campaign
2. At the meeting identification of the common problems associated with the health systems happened. The problems were of Staff, medicines, infrastructure, equipments and behaviour. One more strategy of requesting the state networks to forward their partners in the various districts emerged at this meeting

Tuesday, 17TH October 2006 state level meeting at Mahila Samakhya Karnataka

1. This meeting was to bring synergy between the objectives of Second National Health Assembly (NHA2) and the ongoing campaign and mobilization in Karnataka. At the time this campaign was started around May 2006, and the NHA2 process was already implemented, therefore a conscious attempt was made to evolve this campaign to coincide with the NHA2 objectives
2. Prior to this meeting there was a short meeting of the convenors. It was felt that all the state networks which were active during the NHA1 had to be contacted and brought back and accordingly this meeting had most of the partners present in the meeting
3. A final decision was taken that the campaign would be Karnataka's contribution to the NHA2 process and would be presented at the NHA2
4. Specific District-wise responsibility was given to organizations to take the lead and carry the campaign
5. Health Exhibition, Interactive session, Denial of Health Rights case collection, sex selective abortion cases, Health watch of the externally aided projects, Kalajatha, printing of booklets and such other activities were conceived as a buildup to NHA2

Saturday, 2nd Dec 2006 state level meeting at Vishranthi Nilayam, Karnataka

1. About 15 districts presented their findings of the Surveys they had done in their working areas. They also shared their experiences of the same. Some of the Districts also shared actions that they have taken as a result of this survey and the changes brought about by these actions
2. A detailed Analysis was made of the problems and a summary presented. The analysis showed that the problems pertained to the five areas mentioned above.
3. NHA2 planning process was discussed
4. All the districts were requested to make a consolidation report of the surveys that they have done and send it to the District and State authorities
5. A capacity building workshop in the month of Dec 2006 at Tumkur was conceived at this meeting. All the Districts were requested to send participants to this workshop
6. A statewide action with all the Districts doing simultaneous action on a single day was planned and Jan 10, 2007 was decided as the date. During this mass action the various districts could plan rallies, meetings, dialogue with the health authorities, memorandum submission of the PHC consolidation data etc.,
7. A further state level action in Bangalore was also planned for a later stage

State Level Capacity building workshop at Tumkur on 16th and 17th Dec 2006

1. As an effort to build the capacities of the District level cadre on Comprehensive health and also on the issues confronting the health rights of the people, a state level workshop was held for all the various district representatives in Tumkur with support from Action Aid India
2. Some of the topics covered during the 2 day sessions were, Impact of Globalisation on Health, Primary Health Care, Women's Health, Determinants of Health, People's Health in People's hands, HIV / AIDS and access to medicines in the Patent / IPR scenario, Health of the vulnerable groups

3. 87 participants from 16 districts participated enthusiastically in the workshop
4. Some documentary films on the Health Rights issues were screened on the evening of 16th Dec 2006.
5. At the end training groups were formed bringing the various civil society organizations of the district together and the groups were allowed to discuss and come out with a detailed action plan for their respective districts and presented to the whole group. These became the mobilizing points for the NHA2 process

Thursday, 04th Jan 2007 state level planning meeting at CHC, Bangalore

1. This was a landmark meeting which decided the details of the state-wide action that was to happen on Feb 1, 2007 (rescheduled from 10th Jan 2007)
2. All the districts agreed to have a simultaneous mass action in the form of public protests, dialogue with health authorities, presentation of the Denial cases, memorandum submission from the data collected through the PHC surveys etc., This mass action would be preceded by a Press conference highlighting the problems of the Public Health System
3. Each core group member accepted the responsibility of certain districts to ensure the smooth functioning of the event

Thursday, 01st Feb 2007 state-wide simultaneous action on Right to Health Care in the various districts of Karnataka. This was reported at the 09th Feb 2007 review meeting held at Dharwar.

Refer a detailed report of the same in Kannada enclosed

State Health Assembly held at Bangalore on March 21st 2007, preceding the National Health Assembly

1. As a culmination of all the pre-NHA-2 events in Karnataka and in preparation for NHA-2, a state health workshop was held in the state-run Urban Health Research and Training Centre, Malleshwaram, Bangalore. 148 people from 12 districts including Koppal, Chamarajanagar, Bangalore Urban, Bangalore Rural, Raichur, Gadag, Tumkur, Shimoga, Kolar, Bidar, Mandya and Davangere attended the state health workshop held on March 21, 2007. More than half of the participants were women. People from 23 organisations and media persons attended the assembly.
2. The issues covered in the assembly were HIV& AIDS, public health care including human resource for health, child health including sex selective abortion, micronutrients, pulse polio and, children's right to food, urban health, women's health, mental health, disability, health rights of dalit and adivasis and other marginalized group, alternative health practices and sustainable development, *panchayati raj* institutions and local self governance.
3. The assembly was held, keeping the broader theme of '*defending the health rights of people in the era of globalization*' in focus. Issues such as patents, trade, social determinants of health and need to strengthen the primary health care system in light of needs of people not having even basic access to health care was discussed. These were cross-cutting themes in all the workshops.
4. Special focus was given to the issue of HIV/ AIDS. Concerns such as accessibility to treatment and drugs, affordability, universalisation of care, issues concerning children of sex workers who are HIV positive, the need for more awareness among youth, and the need to use innovative methods for creating awareness was discussed. The session on HIV/ AIDS was attended by people with disability, women sex workers, sexuality minorities, dalits, agricultural labourers and youth.
5. The workshop came up with a concrete action plan to work on issues such as access to treatment, drugs and basic services, focus on social determinants in the context of issues affecting people's health, including HIV/ AIDS. It was decided to work towards improving health services at all levels. The need for increasing awareness on all health issues including HIV/ AIDS was also expressed. There was also a need to work against discrimination. An increase in the health budget was required. Nutrition status of poor people across the board needed to be improved. There was also a need to work towards universalisation of care and availability of all drugs including

HIV/ AIDS at Primary Health Centres (PHCs), which needed to be equipped for the purpose. Doctors and health staff needed to be trained specifically on these issues.

6. Most of the participants then proceeded to Bhopal that night by train to participate in NHA2 event

National Health Assembly, Bhopal March 23rd to 25th 2007.

1. About 120 participants from 24 districts of the state participated in the event. The highlight was that instead of just being passive attendees of the event these participants had come out of nearly 11 months of mobilization on the Health Rights issue that happened in Karnataka preceding the event
2. Some of them also shared their experiences of the campaign at the various workshops
3. The participants also had a feel of the international nature of the Movement where issues like war, Globalisation etc., were presented in a way that the participants could connect themselves to the broader issues confronting health rights. The participants also got a feel of how the sum of their grassroots level action was contributing to the bigger global level actions for Health Rights

Friday, April 20th, 2007 state level meeting in Bangalore

1. During the return train journey from Bhopal an ad hoc review meeting was planned to reflect on the experiences of the participants at NHA2.
2. Participants shared their positives and negatives of the NHA2 process and how they also felt reenergized and rejuvenated being part of a larger Movement
3. During the whole mobilization process it was increasing being felt by JAAK that the Movement needs to get more broad based and hence the necessity to contact struggles happening on the larger health front like the Right to Food, Fight against Privatisation of water, Disability groups, Rights groups working for the HIV/AIDS affected people, Human Rights groups and such other groups and hence a conscious effort was made to get all of these Movements also for April 20th meeting
4. The single most striking feature of this meeting was that there were representatives from all these various struggles sharing the common underlining theme of denial of access to Health Care, and expressing their willingness to work with JAAK in the struggle for Health Rights (More details can be seen in the Minutes of that meeting)
5. Another important development was the evolution of a core group of resource persons called as "Health Resource Group" working on these various issues to come together for the capacity building efforts on comprehensive Health and deciding on a follow-up meeting on May 10th, 2007
6. It was also decided to have a state level political advocacy meeting at Bangalore by Dec 2007 and efforts would have to start at right earnest

Thursday, May 10th, 2007 Health Resource Group meeting to evolve a training schedule for capacity building at CHC, Bangalore

Action Plans and Decisions:

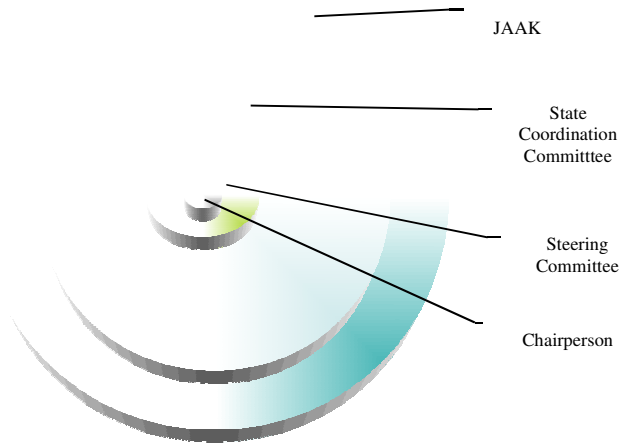
1. The topics discussed are grouped as under:
 - Determinants of Health
 - Health Systems and related topics: PHC, NRHM, LPG, Health Policy, Patents,
 - Health Advocacy
 - Social Movements/issues and health– various issues addressed by member organisations.
2. Responsibilities for the preparation:
 - Health Systems, NRHM : Karuna Trust, Sathyasree
 - LPG, Patents etc : Prasanna(With Dr. Prakash rao, Dr. Gopal Dabade)
 - Concept of Health, health rights, Health Policy: CHC
 - Social issues, social movements and health: Prabha and Manohar (to coordinate) – to coordinate with Jeevika-child labour, bonded labour and education; HRFDL- Dalits, stigma and discrimination; Abhaya – HIV / AIDS groups; Right to food; APD- Disability and others
 - Social Determinants of Health:
3. Module preparation and Peer review: On May 31, 2007 to meet at Sangama Office, Gandhinagar, Majestic. (Near Veeranna Rangamandira, next to Navakarnataka Book store, 1st floor). Ph: 9945090302/9945601651
The rough module to be ready and to be presented –
4. The participants to be selected: For Bangalore, Mysore, Dharwad, Raichur, and Davangere the various Movements/JAAK members to select candidates with leadership qualities for training. These names to be presented in May 31 meeting.
5. The first round training will be on : Concept of Health, Health rights and Health policy. Depending on the feed back of the first round we shall formulate and organise the other trainings.

Wednesday, 27th June 2007, meeting of the convenors of JAAK to decide on the organizational structure of JAAK

1. Since April 25, 2006 JAAK was acquiring its own new dynamics and lots of new organizations/ mass based groups / issue based groups had become active on Health front and a time had come to relook at the organizational structure to make it more enabling and inclusive without hindering the processes. Hence a rethinking on the organizational structure was necessary
2. The Organisational structure that emerged out of the meeting was:
 - **Composition of JAAK:** JAAK will be composed of various networks, district forums, issue based groups, resource centres, CBOs and individuals, who are focussing on the issue of Right to Health/ Health care, and are wanting to make Right to health as the organisational agenda. JAAK will keep the principles of **inclusiveness**.
 - **State Co-ordination Committee (SCC):** This will be the policy making, decision making body, and shall be composed of nominated / elected representatives of the various issue based, mass based organisations, people's movement groups, CBOs / NGOs and individuals who are committed to the cause right to health.
 - **Steering Committee (SC):** This will consist of members volunteering from state co-ordination committee, who:
 1. can give at least 50% of their time to promote and build JAAK as People's Movement

2. will work with a movement framework

3. have a comprehensive health perspective and
4. most importantly have mandate from their own organisations



Sunday, July 15th, 2007 State level meeting (called as State coordination committee) at ISI Bangalore

1. JAAK district members shared the success / failure stories as a result of the actions happening in their districts
2. The organizational structure of JAAK was presented and formally endorsed at the State coordination meeting
3. As a next step in the campaign a serious political advocacy was planned and discussed in detail
4. Important milestones decided were that one more round of state-wide simultaneous actions in the various districts on Oct 8th 2007, with the new districts that have come in to also follow the processes. Districts to go back and prepare a detailed action plan for the same
5. The state level action in Bangalore involving the political advocacy and political parties was to be held on Dec 10th 2007 (after reviewing Oct 8th action). The next review meeting was to be on Aug 16th 2007

Monday, Aug 20th, 2007 State coordination committee meeting at Sangama Office Bangalore

1. Preceding this meeting there were a number of district meetings held in about 18 districts where planning was done and an action plan was drawn. Subsequently trainings have been held in all these districts on health and health systems
2. At the meeting various district representatives presented a detailed action plan of their districts
3. Date of Oct 8th was finalized which has subsequently become Oct 29th 2007 due to the sudden local body elections announced (in which most of the organizations were busy lobbying on health issues with the candidates) and also the political uncertainty gripping the state.
4. A detailed presentation on National Rural Health Mission (NRHM) and the community Monitoring aspects of NRHM was presented to the group
5. Financial matters were discussed and it was accepted that JAAK should contact some of the partners, submit a formal proposal and raise the funds

An overview of the Campaign So far in Karnataka

Total Districts contacted	- 18
Number of Districts where training and survey of PHCs happened	- 12
Total number of Primary Health Centers surveyed	- 91
Number of Districts participating in Feb 1, 2007 mass action	- 12
Most commonly found problems in the PHCs surveyed	

- Corruption
- Inadequate Staffing
- Deficit of Medicines
- Lack of proper equipments and its maintenance
- Lack of Basic Infrastructure
- Staff Behaviour
- Improper distribution of the PHCs