Shoulder to shoulder, with greater momentum…

The sudden death of Micheal Jackson, the King of Pop, at the age of 51, shocked all and plunged the music world into deep sorrow. People are valiantly fighting global downturn. Disasters and calamities continue to occur worldwide.

The new government has taken control and its first budget, presented a few days ago, evoked mixed reaction among people. Opinions of economists and specialists in political economy are divided as those of political parties. It has left some grinning, others gnashing teeth. The budget will please *aam admi* as it is stimulus-oriented and focused on corruption to sustain growth. But it falls short of any vision. Congress and others hail it; opposition parties flay it. But no one will deny that there is an urgent need to put the economy on track and restructure the reforms.

Indian health budget has gone up by nearly Rs.4,000 crore to Rs. 21,113.33 crore, with special emphasis to rural health care. The National Rural Health Mission (NRHM) gets 2057 crores (over and above 12,070 in the interim budget). The NRHM, the flagship of UPA government, was launched in 2005 to improve availability and access to quality health care for people living in remote areas. The main focus is on 18 states that have weak or no public health infrastructure. Though far from adequate, a rise in the allocation is a welcome step because all these years health budget has been depressingly meagre which is one of the reasons for the weakened health situation.

The health care situation in India continues to be in bad shape, observed the Central Health Minister recently. India is short of 6 lakh doctors, 10 lakh nurses and 2 lakh dental surgeons. For every 10,000 people, there is just one doctor. According to NRHM reports, nearly 8 per cent PHCs do not have a doctor while 39 per cent are running without a lab technician. And, 17.7% without a pharmacist. Labour rooms and operation theatres are unheard in most of them. CHCs are supposed to provide specialized medical care, but the condition is appalling. Out of the sanctioned posts, 59.4% surgeons, 45% gynaecologists, 61,1% physicians and 53.8% paediatricians were found to be vacant. A short fall of 70.2% specialists in CHCs.

The new government has to honour its pre-election promises to people. It has to take immediate steps to put in place an efficient health care delivery system. Miracles cannot be expected. Yet, they should make a serious attempt at it. The global health crisis is characterized by growing inequalities within and between countries. New threats to health care are continually emerging. Global economic meltdown has added to the woes. It was felt long ago, and now increasingly being recognized that the answer to the growing health crisis lies in empowering people. Various organizations, civil society movements, NGOs and women's groups worldwide have been working alone and in concert to achieve this. Their efforts have been encouraging, but they have a long way to go. And, the time has come for all the groups to work shoulder to shoulder and with greater momentum. Only such strengthened people-centred initiatives can mount pressure on decision-makers, governments, and the private sector to ensure that the vision of Alma Ata becomes a reality.

In December 2000, 1453 participants from 19 countries converged at Savar, Dhaka, Bangladesh, to form the People's Health Assembly whose objective was 'to give a call to renew the pledge of *Health for All'*. Prior to that global event, about 2000 delegates from 19 states in India congregated at Kolkata to form the National Health Assembly (NHA) or Jan Swasthya Sabha. It adopted a 20-point charter known as Indian People's Health Charter outlining a critical analysis of the Indian health scenario in the context of globalization. The People's Health Assembly (PHA) and the Jan Swasthya Abhiyan (JSA) have been focusing on various health issues as well as working towards empowering people for their health.

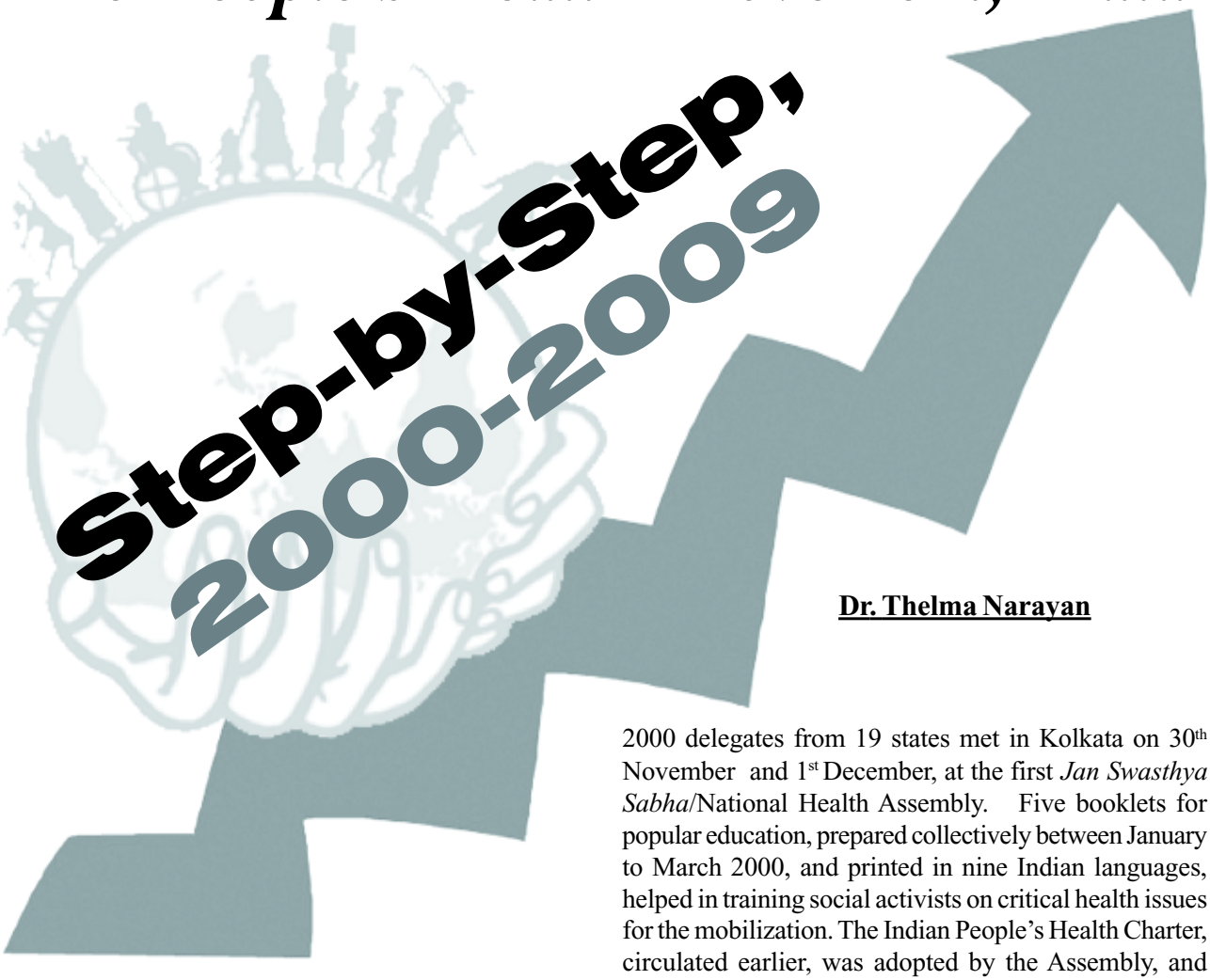
The Catholic Health Association of India (CHAI), a founder-member of the JSA network, is holding a National Meeting on *Improving Health in India (IHI)* Project meant to enable people at the grassroots to take responsibility for their health. The project also aims at complementing the activities of JSA.

This issue of the magazine is devoted to highlight the origin and activities of JSA as well as the aims and impact of the IHI process. The contributors are Dr Thelma Narayan, Dr Amit Sengupta, Dr Ajay Khare, Dr Deepak Kumaraswammy, Dr B EKbal, Rev Dr Sebastian Ousepparampil, Lejo PP, Sr Beatrice and Fr Mathew Mamala. The JSA Section is co-edited by Dr Ravi Narayan, the previous Co-ordinator of global PHM Secretariat.

Rev Dr Sebastian Ousepparampil
Managing Editor

Jan Swasthya Abhiyan

The People's Health Movement, India



Dr. Thelma Narayan

People's Health Movement – India Origin and Overview

The *Jan Swasthya Abhiyan* (JSA) or People's Health Movement, India, is a coalition created by 24 national networks, alliances, social movements, resource-groups and federations of health sector NGOs. It is the Indian Circle of the global People's Health Movement (PHM), striving towards equity in health and development. Social justice, universal access to health care and health as a fundamental human right are its underlying principles.

In 2000, after a year of extensive and intensive community mobilization at village, district and state levels in several parts of the country, a large gathering of over 2000 delegates from 19 states met in Kolkata on 30th November and 1st December, at the first *Jan Swasthya Sabha*/National Health Assembly. Five booklets for popular education, prepared collectively between January to March 2000, and printed in nine Indian languages, helped in training social activists on critical health issues for the mobilization. The Indian People's Health Charter, circulated earlier, was adopted by the Assembly, and participants decided to create the *Jan Swasthya Abhiyan* as a broad national platform to continue collective work on health and health care and press for change at multiple levels. This was just before the first global People's Health Assembly (PHA I) in Savar, Bangladesh. The PHA, an alternative to the World Health Assembly (WHA) of the WHO, held from 4-8 December, 2000 adopted a landmark global People's Charter for Health and launched the Global People's Health Movement. This was a very historic step, as with the intensification of corporate-led, neo-liberal globalization, liberalization and privatization it was imperative for a global movement to address key global determinants of health, which have adverse effects on the lives and well-being of people

across countries. The PHM/JSA has been characterized as the globalization of solidarity from below, which questions, influences and participates in change processes. Both Charters *(see box)* form the framework uniting JSA constituents in India.

The Charter, available in several Indian languages, and other documents have a clear analysis and political perspective protecting and promoting citizen's rights and entitlements, particularly of impoverished sections of society, comprising the social majority in a globalized world. They address underlying health determinants such as food security, livelihood, war and conflict, multilateral and bilateral negotiations, trade issues in relation to medicines, tobacco, alcohol and their impact on health of the public, etc and also focus on the need to strengthen primary health care in an era of privatization and commercialization. The analysis links the local and national situation to global events and forces. An English reprint in 2004 brought all five booklets developed in 2000 together in "Health for All Now! -The People's Health Source Book". These documents and an evolving analysis inform the JSA campaigns.

Member organisations of JSA had several decades of prior involvement in people's movements, community-based work in health and development and progressive thinking. Besides twelve networks/ federations working in health related areas, there is strong participation from the women's movement, science movement and the national alliance of people's movements. The growing *dalit* and environment movements and trade unions

Box 1

THE INDIAN PEOPLE'S HEALTH CHARTER

(some extracts)

"We the people of India, …

declare health as a justiciable right and demand the provision of comprehensive health care as a fundamental constitutional right of every one of us.

We assert our right to take control of our health in our own hands and for this the right to:

- *A truly decentralized system of local governance vested with adequate power and responsibilities, provided with adequate finances and responsibility for local level planning.*
- *A sustainable system of agriculture based on the principle of land to the tiller –both men and women – equitable distribution of land and water, linked to a decentralized public distribution system that ensures that no one goes hungry*
- *Universal access to education, adequate and safe drinking water, and housing and sanitation facilities*
- *A dignified and sustainable livelihood*
- *A clean and sustainable environment*
- *A drug industry geared to producing epidemiological essential drugs at affordable cost*
- *A health care system which is gender sensitive and responsive to the people's needs and whose control is vested in people's hands and not based on market defined concept of health care……"*

Further, we declare our firm opposition to:

- *Agricultural policies attuned to the needs of the 'market' that ignore disaggregated and equitable access to food*
- *Destruction of our means to livelihood and appropriation, for private profit, of our natural resource bases and appropriation of bio-diversity.*
- *The conversion of Health to the mere provision of medical facilities and care that are technology intensive, expensive, and accessible to a select few*
- *The retreat, by the government, from the principle of providing free medical care, through reduction of public sector expenditure on medical care and introduction*
- *of user fees in public sector medical institutions, that place an unacceptable burden on the poor*
- *The corporatization and commericialization of medical care, state subsidies to the corporate sector in medical care, and corporate sector health insurance*
- *Coercive population control and promotion of hazardous contraceptive technology which are directed primarily at the poor and women*
- *The use of patent regimes to steal our traditional knowledge and to put medical technology and drugs beyond our reach*
- *Institutionalization of divisive and oppressive forces in society such as communalism, caste, patriarchy, and the attendant violence, which have destroyed our peace and fragmented our solidarity."*

(Source and for full text: JSA website)

participate increasingly, though this varies in different regions. The disability movement is also getting involved. In terms of geographic spread, JSA is present in twenty-two states with varying levels of activity at district and sub-district levels. There is smaller presence in the North Eastern states, in Jammu and Kashmir, the smaller states and Union Territories. Most national organizations have numerous groups and individuals as members, running into thousands in some cases. It is estimated that over 5,000 small groups would have been associated with some JSA activity at some point of time. An analytical approach with a community base or link forms the basis for motivation, understanding and action. The strength of the coalition is its diversity, spread, experience and willingness to work together. The plurality of perspectives and approaches is both a strength and weakness.

It is significant that a large number of 'non-health or non-medical' large networks with a clearer political stance, associate themselves with the JSA and actively participate in or support several campaigns. However, as would be expected, it is the health groups who maintain the continuity and momentum of work.

Organizational structure: an overview

A National Coordination Committee, the national decision-making body established in 2000, consists of representatives of the 24 national networks and resource groups. It has a Chairperson, a National Convenor and several Joint National Conveners. A national secretariat established in 2003, was hosted in Pune, Maharashtra, supported by a Delhi secretariat for the second National Health Assembly in 2007. The secretariat was shifted

Box 2

THE PEOPLE'S CHARTER FOR HEALTH - GLOBAL

"Preamble

Health is a social, economic and political issue and above all a fundamental human right. Inequality, poverty, exploitation, violence and injustice are at the root of ill health and the deaths of poor and marginalised people. 'Health for all' means that powerful interests have to be challenged, that globalisation has to be opposed, and that political and economic priorities have to be drastically changed. ……

Principles

- *The attainment of the highest possible level of health and well-being is a fundamental human right, regardless of a person's colour, ethnic background, religion, gender, age, abilities, sexual orientation or class.*
- *The principles of universal, comprehensive Primary Health Care (PHC), envisioned in the 1978 Alma Ata Declaration, should be the basis for formulating policies related to health. Now more than ever an equitable, participatory and inter-sectoral approach to health and health care is needed.*
- *Governments have a fundamental responsibility to ensure universal access to quality health care, education and other social services according to people's needs, not according to their ability to pay.*
- *The participation of people and people's organisations is essential to the formulation, implementation and evaluation of all health and social policies and programmes.*
- *Health is primarily determined by the political, economic, social and physical environment and should, along with equity and sustainable development, be a top priority in local, national and international policy making.*

People's Participation for a Healthy World

Strong people's organisations and movements are fundamental to more democratic, transparent and accountable decision- making processes. It is essential that people's civil, political, economic, social and cultural rights are ensured. While governments have the primary responsibility for promoting a more equitable approach to health and human rights, a wide range of civil society groups and movements, and the media have an important role to play in ensuring people's power and control in policy development and in the monitoring of its implementation.

This Charter calls on people of the world to:

- *build and strengthen people's organisations to create a basis for analysis and action.*
- *promote, support and engage in actions that encourage people's involvement in decision making in public services at all levels.*
- *demand that people's organisations be represented in local, national and international fora that are relevant to health.*
- *support local initiatives towards participatory democracy through the establishment of people centred solidarity networks across the world..."*

Source and for full text: www.phmovemnt.org

in 2008-09 and is now hosted by the Madhya Pradesh Vigyan Sabha in Bhopal.

Frequent communications are maintained through an e-group, telephonic discussions and meetings once or twice a year and more frequently during campaigns and events. The joint convenors form the national working group, along with representatives from the states who jointly take responsibility for facilitating campaigns, events and communications in a given number of states.

Several states have structures such as state coordination committees and working groups. A larger e-forum, the PHA-NCC e-group is a discussion and communication forum.

The website *www.phmindia.x10hosting.com* is one of the country websites linked to the global website www.phmovement.org.

The JSA also hosted the global secretariat of the PHM and managed the global website from January 2003 till May 2006. This was based in a constituent organization, the Community Health Cell, Bangalore, a unit of the Society for Community Health Awareness, Research and Action (SOCHARA). A JSA committee supported the global secretariat. Thus, JSA is closely linked to the global PHM, with several members actively involved in various initiatives and in expanding and strengthening the PHM in different regions of the world.

The organizational structure and functioning of JSA at national and state levels and links with the global level have been changing and evolving over time. State and national assemblies, campaigns such as the Right to Health and Health Care campaign, the campaign against female foeticide, the campaign against the closure of vaccine production plants, the free-Binayak Sen campaign, involvement in the pilot phase of community monitoring of health services through the NRHM, state- specific work such as in Maharashtra, Karnataka and Tamil Nadu and organisation-specific work have all helped to deepen the movement and raise critical consciousness on health issues. The health movement is constantly being redefined and could even be said to now extend beyond the Jan Swasthya Abhiyan.

Why is the Jan Swasthya Abhiyan necessary today?

Despite medical advances and increasing average life expectancy, there is disturbing evidence of rising disparities in health status among people worldwide. Enduring poverty with all its facets and in addition, resurgence of communicable diseases including the HIV/AIDS epidemic, and weakening of public health systems is leading to reversal of previous health gains. This development is associated with widening gaps in income and shrinking access to social services, as well as persistent racial and gender imbalances. Traditional systems of knowledge and health are under threat. These trends are to a large extent the result of the inequitable structure of the world economy, which has

Box 3

National Co-ordination Committee of Jan Swasthya Abhiyan

All India People's Science Network (AIPSN);
All India Democratic Women's Association (AIDWA);
All India Drug Action Network (AIDAN);
Association for India's Development, India (AID-India);
Breast Feeding Promotion Network of India (BFPNI);
Bharat Gyan Vigyan Samiti (BGVS);
Catholic Health Association of India (CHAI);
Christian Medical Association of India (CMAI);
Federation of Medical Representatives and Sales Associations of India (FMRAI);
Forum for Creche and Child Care Services (FORCES);
Joint Women's Programme (JWP);
Medico Friends Circle (MFC);
National Conference of Dalit Organisation's (NACDOR)
National Alliance of Peoples' Movements (NAPM);
National Alliance of Women's Organisations (NAWO);
National Federation of Indian Women (NFIW);
Positive Women's Network (PWN +);
Ramakrishna Mission (RKM);
Society for Community Health Awareness Research and Action (SOCHARA); and
Voluntary Health Association of India (VHAI).

National Resource Groups:

SATHI-CEHAT, Pune;
Centre for Social Medicine and Community Health, Jawaharlal Nehru University, Delhi; Community Health Cell (CHC), Bangalore and
SAMA, Resource Group for Women and Health, Delhi.

The Jan Swasthya Abhiyan presently has state units or contacts in the following states:

Andhra Pradesh, Assam, Bihar, Chhattisgarh, Delhi, Gujarat, Goa, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Orissa, Punjab, Rajasthan, Tamil Nadu, Tripura, Uttar Pradesh, Uttaranchal, and West Bengal.

Source: Handout of Jan Swasthya Abhiyan- People's Health Movement- India, 2006-07

been further skewed by structural adjustment policies, the persistent indebtedness of the South, unfair world trade arrangements and uncontrolled financial speculation – all part of the rapid movement towards inequitable globalisation. In many countries, these problems are compounded by lack of coordination between governments and international agencies, and stagnant or declining public health budgets. Within the health sector, failure to implement primary health care policies as originally conceived has significantly aggravated the global health crisis, leading to the following deficiencies:

- A retreat from the goal of comprehensive national health and drug polices as part of overall social policy;
- A lack of insight into the inter-sectoral nature of health problems and the failure to make health a priority in all sectors of society;
- A failure to promote participation and genuine involvement of communities in their own health development;
- Reduced state responsibility at all levels as a consequence of widespread and usually inequitable policies of privatisation of health services;
- A narrow, top-down, technology-oriented view of health and increasingly viewing health care as a commodity rather than as a Human right.

Box 4

Key Themes of JSA Work

The overarching concern of the Jan Swasthya Abhiyan is to secure an adequate quality of health and health care for every Indian. The key themes of JSA include:

- Policy-level interventions on the Right to Health and Health Care.
- Primary Health Care and health systems that ensure access to health care services for the poor and marginalised.
- Community Health Worker programmes.
- Community monitoring of health services.
- Women's health issues and reproductive health rights·
- Child health and nutrition.
- Right to Food and investigation of hunger-related deaths.
- Violence & Women's Health.
- Sex determination & sex selective abortions.
- WTO, Intellectual Property Rights, patents and drug policy
- Medical professional reform and regulation of medical practice.
- Privatization of health services and the commercialisation of healthcare.
- Health care in conflict situations.
- Indigenous medicine and folk healing traditions.
- Rational drugs and diagnostics.
- Drinking water, sanitation, environment & health.
- Health among displaced people, adivasi's and other marginalized sections·
- Population control programme and issues of contraceptive choice.
- Trends in medical and vaccine research.
- Control of communicable diseases.
- Mental Health ·
- Health Human Resource Development ·
- Tobacco Control for better health

This set of themes and activities continues to grow.

Source: Handout of Jan Swasthya Abhiyan- People's Health Movement, India

What does the JSA aim to achieve?

The objectives that this coalition set for itself (which are set out in detail in the Peoples Health Charter) can be briefly listed as below:

- The Jan Swasthya Abhiyan aims to draw public attention to the adverse impact of the policies of iniquitous globalization on the health of Indian people, especially on the health of the poor.
- The Jan Swasthya Abhiyan aims to focus public attention on the passing of the year 2000 without the fulfilment of the 'Health for All by 2000 A.D.' pledge. This historic commitment needs to be renewed and taken forward, in the form of the campaign to establish the Right to health and health care as basic human rights. Health and equitable development need to be re-established as priorities in local, national, international policy-making, with Primary Health Care as a major strategy for achieving these priorities.
- In India, globalization's thrust for privatization and retreat of the state with poor regulatory mechanisms has exacerbated the trends to commercialize medical care. Irrational, unethical and exploitative medical practices are flourishing and growing. The Jan Swasthya Abhiyan expresses the need to confront such commercialization, while establishing minimum standards and rational treatment guidelines for health care.
- In the Indian context, top-down, bureaucratic, fragmented, technocentric approaches to health care have created considerable wastage of scarce resources and have failed to deliver significant health improvements. The Jan Swasthya Abhiyan seeks to emphasize the urgent need to promote decentralization of health care and build up integrated, comprehensive and participatory approaches to health care that places "Peoples Health in Peoples Hands".
- The Jan Swasthya Abhiyan seeks to network with all those interested in promoting peoples' health. It

seeks to unleash a wide variety of people's initiatives that would help the poor and the marginalized to organize and access better health care, while contributing to building long-term and sustainable solutions to health problems.

Campaigns and initiatives undertaken so far

Several campaigns a few of which are outlined below were undertaken by the JSA from 2000, influencing health related policies in India using a variety of strategies. They work with different constituencies and in different spaces created within national and state governments, WHO, and with the public for socially embedded issues such as gender, caste and communalism.

- In 2003, there was a very large response from India to the *Million Signature Campaign* to place Primary Health Care on the global and national agenda. This helped create a wider discussion and debate about primary health care within the country, at a time when global public private partnerships (GPPPs) in health were galloping forward with direct involvement of trans-national corporations (TNCs) with multilaterals, including WHO, in health policy making. There was a tension between different approaches. GPPPs on the one hand create and extend markets for 'global public health goods' and work on developing new technologies with a disease oriented focus. PHM promotes the primary health care approach; decentralized, integrated public health systems, with mechanisms for social control; community involvement in health decision making; and action on poverty and the social determinants of health.
- There was strong, consistent Indian leadership and participation in *advocacy with WHO for the Primary Health Care approach* to become a priority for the organization. A critique by the global PHM of the report of the WHO Commission on Macroeconomics and Health, led to a PHM demand for a Commission on Poverty and Health articulated at a special technical briefing at the World Health Assembly in May 2002 and at the World Civil Society Forum in July 2002. Subsequent meetings, including one convened by WHO in London in June 2004, led to the launch of the WHO Commission on Social Determinants of Health (CSDH) in Chile in March 2005. The CSDH Final Report in 2008 clearly states that inequality kills people and calls for urgent action by all sections of society in a movement mode.
- *Pharmaceutical Policy, IPR and the Campaign for*

Box 5

The strategies of JSA

To be effective in policy interventions, the Jan Swasthya Abhiyan member-organisations deploy different strategies depending on their own strengths and preferences, these include:

- Public information and education on health issues largely through publications, meetings and other events, press conferences and media information.
- Social mobilisation and protest actions by means of health enquiries, public hearings, health dialogues, seminars and cultural events
- Representation to decision makers on policy concerns, grievances and gaps in health services, while seeking increased representation for communities in local health related decision making
- Health surveys and studies to understand and highlight health issues concerning the people
- Organization of people through community health programmes to help the poor cope with the burden of disease, gain better access to health services and monitor health services

Source: Handout of Jan Swasthya Abhiyan/ People's Health Movement, India, 2006

Box 6

The Right To Health Care Campaign

A countrywide *Right to Health Care Campaign* was launched by the JSA in September 2003 during the 25th Anniversary of the Alma Ata Declaration, for which strategic collaboration was established with the National Human Rights Commission (NHRC). The NHRC is a constitutionally mandated, quasi-judicial body headed by retired Chief Justices of India. The central and state governments have to take note of and respond to guidelines from the NHRC. A series of five regional public hearings were organized in 2004 by the National Human Rights Commission in collaboration with JSA, which documented cases where citizen's health rights were violated. Surveys of primary health care facilities were conducted and several local public hearings held. This culminated in a National Consultation held in Delhi in December 2004 with participation of senior health officials from all the states and JSA members. A National Action Plan was developed by the NHRC with JSA inputs and sent to all state governments. Action taken reports on the recommendations were reviewed in March 2006 at a joint meeting. Joint Monitoring Committees were set up, though they are not yet functioning optimally. *(A more detailed note on this campaign follows in a later article. See, "Promoting Primary Health Care in a Rights Based Framework : The Indian Experience" by Dr.Amit Sen Gupta)*

Access to Essential Medicines. This has been a two-decade-old campaign with organizations such as the All India Drug Action Network (AIDAN) and other national and state networks (eg, Drug Action Forum Karnataka-DAFK) actively involved in legal action, public awareness and professional education. AIDAN is a member of JSA, as is the Federation of Medical Representatives Association of India (FMRAI), which is a progressive, proactive player in this area. Over the years, including after 2000, several meetings and initiatives have been undertaken nationally as well as in some states. JSA members have also been involved in developing Essential Drugs Lists and Therapeutic guidelines in some states.

More recently, the Government of India promulgated an Ordinance in December 2004, amending the Indian Patent Act 1970, moving from process to product patents without using the limited safeguards available in the TRIPS (Trade Related Aspects of Intellectual Property Rights) agreement. This was critiqued by JSA and others and public awareness created through pamphlets, seminars and meetings. Social movements including JSA and other organizations lobbied members of parliament and the Prime Minister, resulting in some modifications of the Ordinance, when the final Act was passed. Jointly organizing a national meeting on the Pharmaceutical Policy in 2005 and continued participation and support to specific campaigns regarding Gleevec (an anti-cancer drug) and on anti-retrovirals, spearheaded by HIV/AIDS activists, especially the Lawyer's Collective, has achieved small successes. Currently, there is an active campaign and lobbying regarding data exclusivity.

- HIV/AIDS: Some JSA members played an active role in developing an *Asian People's Charter on HIV/AIDS*. This followed a major discussion on the issue at the International Health Forum, 2004 and a dialogue with the WHO unit on HIV/AIDS. The People's Charter after discussions in Bangalore, London and Nairobi, was launched at the International AIDS Conference in Bangkok in August 2004 during which people's protests and parallel sessions were organized. It has been translated into Spanish and Kannada. Several JSA members support local action and movements led by people living with HIV/AIDS.
- *Right to Food Campaign:* Some JSA members have supported the larger Right to Food Campaign in India, which has been very active with Public Interest Litigations in the Supreme Court and much subsequent action. Material was prepared by the JSA and used for The Hunger Watch.
- *WHO Commission on Social Determinants of Health (CSDH)* JSA and a constituent member, the Asian Community Health Action Network were selected as Civil Society Facilitators for the WHO-CSDH for Asia. They organized meetings in several Asian countries with local PHM members and contacts. A representative is a member of the Measurement and Evidence Knowledge Network of the CSDH.
- *World Social Forum* Process JSA has organized workshops and participated actively in the Asian Social Forum in January 2003 and the World Social Forum in Mumbai in January 2004. Just prior to this an International Health Forum was organized with 700 participants from 50 countries, during which the Mumbai Declaration was adopted *(see www.phmindia.x10hosting.com)*. Members also participated in the WSF at Porto Allegre in Brazil, in the Pakistan Social Forum and most currently with workshops during the India Social Forum, New Delhi in November 2006 and the World Social Forum in Nairobi in 2007.
- *Tsunami Response*: Some JSA member, eg., the Community Health Cell, responded actively and immediately to the tsunami with medical relief, network building and longer term community health interventions ensuring community participation, collaboration between NGOs, and accountability of governments. A PHM meeting was organized in Chennai a little over three months after the disaster (8th and 9th April 2005), focusing on Thailand, Sri Lanka and India. A PHM statement "Responding to the Tsunami Crisis – a People's Health Movement Statement" was released, which also focused on the politics of aid and disaster response.

Engagement with National Health Policy

A campaign on 'Health as a Human Right' was launched as one of the earliest collective initiatives on World Health Day, 7th April 2001, which was renamed as People's Health Day. Public rallies and meetings were held in some states. This was followed up over the years through people's mobilisation and through health policy advocacy, dialogue and action on policy processes at national and state levels.

A critique of the National Health Policy 2002 was discussed at seminars and in the media. It was given to the Ministry of Health and published as booklet titled "National Health Policy-2001 — Legitimising Privatization".

This led later to a public dialogue on health issues

Box 7

Campaign on Gender Issues

- In early 2001, JSA joined the *campaign against sex selective abortion or female foeticide* by conducting a national public dialogue. Several member organizations and individuals have been the initiators of public action in this regard and continue to work actively on the issue. The most recent example being sting operations conducted with the television media in medical institutions in Rajasthan where medical staff was caught being complicit in this practice. This was followed by protest action and suspension of some staff. There is however still a long way to go in this deeply Socially embedded issue, which is worsened by the misuse of medical technology by medical professionals.
- CEHAT has worked for several years on *Violence against Women as a Public Health Challenge***.** Tathapi Trust produced a booklet for JSA in 2001.
- *Women's access to primary health care* is an important component of the campaign for primary health care and the Right to Health Care. The Women's Global Network for Reproductive Rights (WGNRR) launched a special campaign was on this theme). Some efforts were initiated towards gender sensitization of health staff.
- The Human Rights Law Network, Health Watch-UP-Bihar, JSA and SAMA Resource Group organized a *People's Tribunal on Population Policies* in 2004 in Delhi for Women and Health, supported by field partners and organizations in different states. Around 120 women and men affected by coercive population (family welfare) policies from 14 states deposed before the panel. The Center for Social Medicine and Community Health has a long record of accomplishment of researching this issue and pressing for policy change. Pressure from women's groups and several others over the past decade and a half, have helped to reshape policy and practice in this regard to an extent.
- JSA organized a workshop on "Politics and Resurgence of Population Policies: The Global Context". At the 10th International Women and Health Meeting (IWHM) on *'Health Rights, Women's Lives: Challenges and Strategies for Movement Building'* which was held in Delhi in September 2005. JSA was also involved in the 'National Dialogue: Women, Health and Development' held at Mumbai, 23-25 November 2006.
- Some organizations have worked on *gender and power issues in medical education* taking it to a deemed university, which has launched pilot initiatives in a few medical colleges in the country. Some of the initiatives are not undertaken under the JSA banner, but key persons involved are linked to the movement.

with political parties in 2004 with media presence. A policy brief focusing on health as a fundamental human right, was distributed emphasising the need to increase budgetary allocations for health and for structural reforms in the health sector.

The new government in 2004 committed to increase the health budget in its common minimum programme, and initiated processes to develop a National Rural Health Mission (NRHM). The JSA lobbied with the Health Ministry and the Prime Minister's Office during this process and members were invited to join various task groups working on different aspects of the NRHM which was launched in March 2005. A shift was made in the NRHM, through proactive participation and lobbying from an initial demographic focus to decentralized integrated comprehensive primary health care, strengthening community participation and the role of local bodies through institutional mechanisms.

JSA subsequently launched a People's Rural Health Watch, which worked in 8 states to follow implementation of the NRHM at community level. A secretariat for the Watch was hosted by a JSA member organization, the Christian Medical Association of India in Delhi. *(See article on page 14)*

Since 2008 various JSA units at state level have been actively involved with the community-based monitoring of health services in nine states and other aspects of the communitization strategies of NRHM in different states, continuing the strategy of critical engagement with state policy, programmes and practice.

In March 2009, JSA released a Peoples Health manifesto before the 2009 national elections (a separate article on this manifesto is featured later in this issue).

How can you and your organization contribute to the JSA?

A few suggestions on how you or your organization can get involved with the JSA and the issues it supports:

- Join hands with the local JSA network or create a network to build pressure on government for implementation of the national and state action plan on right to health care of the NHRC, as well as for the implementation of the National Rural Health Mission.
- Get involved with right to health care campaign by documenting and following up cases of denial of health care, and participating in the community monitoring of health services.
- Access the documents related to the National Rural

Box 8

Critique of Draft National Health Policy (NHP) -2001

(Extracts)

To the Honourable Minister for Health and Family Welfare

We the representatives of national networks and associated organizations of the Jan Swasthya Abhiyan National Co-ordination Committee, and the state co-ordinators of the JSA co-ordination committee met **a**t Mumbai on 17th September 2001 to discuss and review the draft National Health Policy, 2001, which had been placed on the website of the Ministry of Health, G**o**vernment of India to initiate a public dialogue.

We reviewed the document in detail, especially in the context and framework of the People's Health Charter that evolved in the first Jan Swasthya Sabha, (National People's Health Assembly), which was organised by us in December 2000 at Kolkota, as a part of our collective commitment to **Health For All –Now**! ……

We welcome the following strengths in the policy document:

- ➲ The acknowledgement with transparency of
  - o high levels of morbidity and mortality
  - o poor functioning of health services
  - o gross underfunding of health services
- ➲ The acknowledge of globalization, with a concern and with a critical view of TRIPS and its impact on people
- ➲ The recommendation for the doubling of the central government expenditure and the efforts suggested to increase health expenditure by all concerned in general
- ➲ The increased proportion of expenditure on primary health care
- ➲ The envisaged regulation of the private health sector
- ➲ The concern about public health capacities in ethics, mental health and family medicine.

We are greatly concerned however at the:

- Vertical techno-centric and fragmented approach to health care
- Absence of any links to the commitment made in the first National Health Policy,1983 to the Alma Ata Declaration and the primary health care approach
- The complete lack of analysis of why the NHP -1983 goals remain unfulfilled
- The absence of any recognition to our distorted development process and its relationship to morbidity patterns
- The total neglect of a Nutrition and Child Health focus, with perfunctory references to Women's Health
- Absence of any mention of Rational Drug Policy and the problem of irrational unethical prescribing and promotion of medicines
- A failure to understand the urgent need for decentralization, and strengthening of district and *Panchayat* level mechanisms.
- An ambiguity about the urgent need for inter-scetoral co-ordination, including the links between health, development and poverty alleviation programmes
- The lack of clarity on urgent imperatives for community mobilization and community participation, and a continuation of benevolent state delivering health to a passive populace
- The lack of clarity regarding the real crisis in medical education, and the continuing neglect of quality health human power development policies.
- An uncritical look at the commercial vested interests of the private sector in the abundance of ill health, with market economics over-shadowing people's needs and patients rights. We believe however that a dialogue process can evolve to debate these issues and look at them with greater policy rigor in the weeks ahead

As process to support this dialogue we are attaching the copy of the Draft NHP -2001, redrafted as it were with our own formulations. We have taken the liberty to amend portions of the original draft (crossed out) and added some portions underlined (titled 'Amended Draft National Health Policy -2001).

Source: National Health Policy -2001 Legitimising privatisation

Health Mission of Government of India , support the capacity-building of Village Health and Sanitation Committees and ASHAs.

- Pressurize your state government to increase the budget for health and to improve the quality coverage and access to primary health care.
- Build and strengthen local and *Taluk* level health action networks.
- Get involved in the Right to Food Campaign activities of your area and support community action for

nutrition.

- Organize exhibitions and debates/discussions on the Peoples' Charter for Health and on key issues and campaigns.
- Write articles in newspapers, magazines, journals, websites on the need for a strengthened public health system and on other JSA themes.
- Participate in JSA activities towards a rational drug policy, opposing coercive population policy and other locally important issues.
- Volunteer your services to translate relevant documents regarding health campaigns in to your local language and distribute them widely.
- Keep the JSA secretariat informed about any efforts you take locally, as these can be incorporated in the consolidated JSA campaigns and may also be replicated elsewhere.
- Get involved in the activities of local JSA units in your state/area.
- Join the PHA-NCC e-group and PH exchange, and check the PHM website to keep updated.

Conclusion

Voluntary work has a long history in India. In the absence of effective state functioning, particularly in the area of health, humanitarian assistance has been fairly widespread through household-level giving and sharing, along with service delivery by faith-based and philanthropic organizations which often had a charity approach. A political approach was taken by many NGOs during the freedom struggle, and from the 1970s due to the slow progress towards achieving social justice. However, perhaps as a strategy to stem this tide, NGOs received recognition as alternative service providers by large international donors, multilaterals and bilaterals from the 1980s and large amounts of money became available. This resulted in a mushrooming of NGOs, donor agency-driven agendas and a process of de-politicisation. Multilaterals and bilaterals started 'using' pliant NGOs to achieve their goals that could not be achieved through elected governments, mandated to work for development, equity and health with tax payer's money. Issue-based organizations with an understanding of a societal or political economy became a smaller voice. Terminology got co-opted and confused. World Bank and other institutions generated 'new knowledge' and the privatization paradigm was promoted diverting attention from the growing economic disparities, diminished community/public control over decision-making and weakening of the already underfinanced public systems, particularly in health and education. The economic and commercial gains to be made in the health sector became recognized and exploited. Large business foundations entered the health sector in a very big way influencing policies and attracting highly trained personnel as well as public sector personnel. Global public-private partnerships such as the Global Fund (GFATM), GAVI, etc are having the same effect. A sharpened debate has drawn in academics, civil servants and intellectuals. Issues concerning legitimacy and democracy concerning these initiatives have been raised. In India, as in several other countries, movements are not growing weaker, but stronger, more articulate and visible. They are receiving recognition and influencing policy. However, health has become an increasingly contested arena with a variety of interests lobbying for space, power and influence.

JSA work could be viewed as part of the continuing freedom struggle against colonialism /neo-imperialism, with large sections of Indian society still striving for livelihoods, food security, access to housing, health and education. Over the past decade, there have been a large number of creative initiatives that have a broad base with active presence of people's voices. Work on environment and health, gender and health, disability and mental health, use of the Right to Information Act for health, has been done. A larger number of young activists and professionals are attracted, they are committed to working on these challenging issues. A variety of groups come together on common issues. Health has become higher on both the people's as well as the political agenda.

However, we have moved beyond thinktanks and geographic or issue-focused work to a larger grouping for collective action as the JSA. The past nine years have been a creative, constructive period with a lot of positive energies and synergies. Healthy working relationships have developed which provide the base as well as confidence to go forward in the years ahead...■

(*The author is Co-ordinator for Centre for Public Health and Equity Bangalore, Society for Community Health Awareness Research and Action, Bangalore, and was one of five National Joint Conveners of the JSA till 2008.This paper is adapted from the article by Dr Thelma Narayan, "Public Mobilization and Lobbying Strategies in the South: The People's Health Movement in India", November 2006 for a global seminar in Germany, and Information booklet on Jan Swasthya Abhiyan, prepared for the second National Health Assembly 2007)*

COVER STORY

Promoting Primary Health Care in a Rights-Based Framework

The Indian Experience

Dr Amit Sengupta

The Primary Health Care (PHC) approach, abandoned by countries and international agencies soon after the Alma Ata Declaration, continues to be as relevant today as it was 30 years ago.

Contrary to the comprehensive nature of the approach, there has been a tendency to confuse the approach with health delivery at the "primary" level of the health care system. By association, it is sometimes presented as cheap, low-technology care for poor people in poor countries. In some measure this has been a deliberate ploy to discredit the PHC approach.

The Commission on Social Determinants of Health (which released its report in late 2008) has set before us a strategy designed to close the health equity gap within a generation. It is an ambitious objective, but one that, we think, is well within the realms of possibility.

But as we seek to embark on such a strategy it is necessary to recapitulate on the global vision that arose from the Alma Ata Declaration of 1978, that explicitly located itself in a social determinants-led view of health. We also need to examine the causes for the failure and virtual abandonment of the vision in the Alma Ata Declaration and the Primary Health Care concept.

TWO INITIATIVES OF JSA

The People's Health Movement in India (known as the Jan Swasthya Abhiyan or JSA) has sought to promote Primary Health Care in India within a Rights-Based framework. The main pillars of JSA's advocacy and mobilisation on PHC in India have been:

- Significant strengthening of the existing public health system with commitment to quality coverage and equity
- Putting in place a national legislation to regulate the private health sector
- National Public Health Act mandating assured provision of basic health services
- Making health care a fundamental right by suitable constitutional amendment

In this regard, we discuss here two major initiatives of the JSA – i) the Right to Health Care Campaign; ii) Engagement with the National Rural Health Mission — that have inbuilt synergies. JSA's work on these

initiatives were premised on the understanding that

- it is not enough to critique the system, but also necessary to work "within the system"; and
- the space for working in the system is better negotiated when JSA is also able to mobilize from outside.

Right to Health Care Campaign

The Right to Health Care Campaign, initiated by the (Jan Swasthya Abhiyan) in 2004, in collaboration with the National Human Rights Commission, is a unique Civil Society initiative. The objective behind this exercise is not to find faults and point out the inefficiency of the Public Health Care Delivery System but to work in close partnership at various stages with State Governments, State Human Rights Commissions, National Human Right Commission, Health Departments, Government Organizations and CSOs as well as to evolve meaningful relationship and come out with suggestions in the common interest of promotion and protection of Human Rights. The chief elements of the campaign are:

Participatory surveys of public health facilities from village to district levels

Based on these surveys, status reports for different regions in the country (ranging from Blocks to Districts to states) which include reports on the different tiers of the public health system – from primary to tertiary — were developed.

Collection of cases of denial of health care

The cases are systematized on the basis of a detailed protocol that identifies different forms of denial, ranging from non-availability of essential health care equipment for treatment in government health centres, mass scale tubectomy operations without confirming the health status of the women, non-availability of transport facility to refer patient to better health services, to non-availability of essential drugs and equipment for essential testing.

Public hearings at Sub-district, District, State, Regional and National levels

At the public hearings the status reports and the cases of denial are presented as testimonies before a joint panel that includes representatives from the Human Rights Commission, Civil Society and persons of eminence. The hearings are also attended by public health officials, who get a chance to reply to the reports and cases presented. Based on these the panel pronounces recommendations. The objectives of the public hearings, and the preceding process are:

- To mobilize communities around the issue of right to health care
- To document and highlight specific instances of denial of health care
- To present testimonies that detail these instances of denial to public health officials and expert panelists so as to emphasize the structural deficiencies in particular health facilities underlying such cases
- To create awareness among local communities about the various health services which the government at different levels should provide

The testimonies presented are not just individual cases of denial but are representative examples of the kind of health care denial that takes place in public health services. The objective is not to target individuals or facilities but to focus on the problems in the system that are larger and structural in nature.

In the first phase of the campaign, several districts and most of the states organized public hearings based on the above format. These culminated in five regional hearings and finally a national hearing in New Delhi in December 2004. The national hearing was attended by the national Minister for Health and all senior officials from the Ministry of Health. At this hearing, a National Action Plan to Operationalise the Right to Heath Care, was jointly presented by the National Human Rights Commission and PHM-India. A second phase of the campaign, in collaboration with the NHRC, is now underway.

JSA's engagement with the National Rural Health Mission

The National Rural Health Mission (NRHM) was launched in April 2005, as a response to a large body of criticism regarding the performance of the public health

system in India. The NRHM is designed to strengthen the existing public health system, which is a 3-tired system offering primary care, and linked to a network of secondary and tertiary public health facilities.

Several members of the Jan Swasthya Abhiyan were involved in the consultative process of drawing up of the NRHM, and certain suggestions were reflected in the broad structure of the Mission. However, the JSA continues to have major problems regarding some of the basic formulations being promoted by the Mission, viz. inadequate resourcing, tying up of the functions of the village health activists with goals of population stabilisation policies, promotion of public private partnerships, etc.

People's Rural Health Watch

With a view to critically influence the Mission, JSA initiated a 'People's Rural Health Watch' that would monitor, assess and analyse the activities of the Mission at state and national levels, providing a feedback for improvement. The 'People's Rural Health Watch' collects information about the policies, evolving programmatic designs and implementation of the National Rural Health Mission at various levels. Periodic surveys and preparation of reports at State and National levels provide the analyses of this information. The Rural Health Watch also intends to assist people's monitoring of health services in districts and states where the Watch functions; to sound alerts and facilitate communications regarding possible negative developments in the context of the Mission. JSA disseminates the results and reports of the Watch, and provides policy suggestions and alternatives, with a view to support the genuine strengthening of the rural Public Health System.

Community Monitoring

A welcome aspect of the NRHM has been the incorporation of mechanisms for community monitoring of the Mission's work. Constituents of the JSA are engaged in formulating the early pilot-scale programmes related to community monitoring. At present, the community monitoring component of the Mission's work is being upscaled and organisations linked to the JSA have taken the lead in many states in conducting these initiatives.

Impact of PHM's Engagement

Some of the positive impacts of JSA's engagement with the NRHM include:

- Micro-level impact on accountability and quality of services
- Impact on structure, concept and operationalization of NRHM : from a narrow focus on Reproductive and Child Health to a broader focus on health care
- Movement away from promoting user fees
- Re-examination of the earlier very restricted role of Community Health Worker
- Less emphasis on Public-Private-Partnerships
- Recognition of the role of community mobilization to sustain government programmes

Learnings from the Process

To conclude, it would be useful to enumerate some of the key learnings of the major interventions in which JSA has been involved in. These include:

- A deeper awareness within JSA that advocacy and mobilization need to go hand in hand
- Underlining the fact that civil society models on PHC are important as alternatives to be placed before policy-makers
- Capacity-building of civil society is crucial for engagements to be successful
- Political and community mobilizations are important pillars for any sustainable change
- Civil society critiques need to be rigorous, robust and evidence-based
- Individuals with a civil society background can play a key role from within the system. ■

(The author is a Co-convener of JSA and is associated with the Delhi Science Forum a public interest organisation working on Science &Technology Policy issues)

COVER STORY

A message from the Jan Swasthya Abhiyan National Secretariat

Dynamic network committed for Health for All now

Dr Ajay Khare

Dear *Health Action* Readers,

In 1978, a very important declaration came from Alma Ata "Health for All by 2000" which enthused every social health activist. But, the year 2000 has come and gone. And, we found that tall promises made in 1978 were buried in the deep sea of globalization and neo-liberal policies. It was important to look back and find the reasons and possible solutions to establish the spirit of Alma Ata Declaration.

More than a thousand organizations and networks came together to find out the ground realities and plan accordingly. First-hand information collected from more than 20 states of our country revealed the dismal state of health. After the People Health Assembly meeting in Kolkata, People's Health Assembly global was formed at Dhaka, Bangladesh. Jan Swasthya Abhiya (JSA) is the Indian chapter of it. JSA has organized many nationwide campaigns like the one on Right to food.

Major Campaigns of JSA

People's Rural Health Watch (PRHW): The idea of a People's Rural Health Watch was conceived by JSA following its Right to Healthcare Campaign, and after the launch of the NRHM.

This was done by collecting primary information through periodic surveys as well as by looking at relevant policy documents, and preparing reports based on all the information in MP, UP, Bihar, Rajasthan, Jharkhand and Chhattisgarh, Orissa and Uttarakhand. Reports have revealed some positive changes as well as lacunae happening after NRHM. Reports are widely circulated and many programmes are organized to spread the findings. Findings are also presented in front of planning commission and government officials.

Right to Health Care Campaign: A nationwide campaign by Jan Swasthya Abhiyan to establish the *Right to Health Care* as a basic human right for every citizen in India. As part of this campaign, 5 regional and one national Public Hearings on Denial of Health Care were organized all over India in collaboration with the National Human Rights Commission. In these public hearings, JSA presented its field-level findings in front of NHRC members and the government officials. Very important directives were issued by NHRC on the basis of these findings. And NHRC organized periodic reviews to find out the progress made by Central and State governments on its recommendations.

Campaign against Sex-selective Abortions: In response to the public interest litigation (PIC) regarding Pre-natal Diagnostic Tests and Sex-selective Abortions filed in Supreme Court, JSA initiated a campaign related to constitution of appropriate authorities, registration of ultrasound centres, ban on advertisements, displaying posters in clinics and the issue of son-preference. This campaign was taken up intensively in a number of states, especially in Tamil Nadu, Haryana and Himachal Pradesh in the second half of 2001.

Hunger Watch: Jan Swasthya Abhiyan has set up a 'Hunger Watch' group consisting of public health and

nutrition experts to provide assistance to the Right to Food Campaign. A JSA 'Hunger Watch' group has prepared a protocol to investigate cases of starvation deaths.

Involvement in the Right to Food Campaign: in several states, JSA constituents conducted surveys on the status of mid-day meal and other schemes. In several states, a convention on 'Right to food - Right to health' was organized. A resource material package in the form of a book "If even one person goes hungry…." was brought out by Tamil Nadu Science Forum and Bharat Gyan Vigyan Samiti for the Right to Food campaign and it served to inform the public and keep the issue alive. There is a growing focus on 'Children's Right to Food', and Jan Swasthya Abhiyan has played a key role in the development of this campaign and issue within the overall campaign for the Right to Food.

Civil Society Facilitation in the Asian Region for the Commission on Social Determinants of Health: JSA has been identified as one of the two organisations in the Asian region to facilitate civil society participation in the Commission on Social Determinants of Health, constituted by WHO. Towards this end, JSA has helped to convene meetings in 10 countries of the region. JSA is in the process of facilitating civil society inputs into the Commission's final report.

National Health Assembly II: In March 2007, JSA organized a three-day National Health Assembly in Bhopal that brought together over 400 organizations and 2000 participants from across the country. For three days, the participants discussed and debated on several thematic areas. The Assembly also saw the participation of about a hundred foreign delegates who participated in a special session that focused on global concerns on health. The Assembly also discussed the thrust of future activities of JSA.

People's Health Manifesto; JSA prepared a *people's health manifesto* in 2004 which was well received by political parties. Before 2009 parliamentary elections also. JSA prepared a people's health manifesto in consultation with various civil society organizations. This was shared with political parties for inclusion of health issues in their election manifesto.

Future activities of JSA

Public Hearings on Right to Health Care: JSA is planning to organize public dialogue with NHRC to review the status of health rights in various parts of the country. Five regional and one national public dialogues will be organized. Private health providers are now catering to maximum number of in-patients and out-patients while there is very weak legislation to regulate them. This time, both the private health providers and public health system will be covered.

Community Monitoring of Health Services: JSA state units are engaged in community monitoring of health services in many states. It is good mechanism to check commoditization of the health system. Involvement of PRI, civil society and government officials make it a very important tripartite relationship in which planning and implementation of health services are planned.

Urban Health Issues: Urban health is a much neglected issue. In some parameters, health of the urban poor is worse than that of the rural poor. Due to urbanization, urban population is increasing. So also poverty. According to 2001 census, 28.6 crore people are living in urban areas. Out of this, 4.26 are poor. In these areas, under-5 mortality is 72.7/ 1000 live births, immunization is less than 50 % and malnutrition is above 50 %. JSA is planning to bring health rights issues of urban poor also for improving their condition.

National Health Bill :Due to sustained and continuous campaign of JSA and NHRC, Ministry of Health and Family Welfare is preparing a National Health Bill which is a welcome step to realize health as fundamental right. JSA is organizing a public dialogue on the bill to see if any important aspects are left out.

Hunger Watch: Due to the changing policy, food security is at stake. Scores of hunger deaths are reported from the field. After the death, doubts are created by government officials about the cause of death and there is tendency to negate it as hunger death. JSA is activating Hunger Watch Group to intervene in such cases.

International People's Health University Courses: In collaboration with International People's Health University of the Global PHM, we in JSA are organizing IPHU courses in India also. One such course was organized in Jaipur by PRAYAS in March 2008, and the second course is being held by CHC, PRAYAS and JSA in September 2009.

Join the movement and support these initiatives! ■

(The author is Co-ordinator of the National Secretariat of the Jan Swasthya Abhiyan (PHM India) based in Bhopal, Madhya Pradesh, and Vice-President of the Madhya Pradesh Vigyan Sabha (MPVS), Village Sagonikala, Post Kolua Khurd Raisen Road, Bhopal MP Phone: 0755-2852782 Fax No.: 0755-2852783 Email: ajaykharebpl@gmail.com)

COVER STORY

Keeping track

Jan Swasthya Abhiyan, 2000-2009

Dr. Deepak Kumaraswamy

Jan Swasthya Abhiyan (JSA), the Indian Chapter of People's Health Movement (PHM), over the past decade has been working towards achieving equity in health and development, based on values and social justice. Towards this effort, JSA has produced lots of booklets, charters, reports and publications that have helped not only the campaigns and initiatives but also became reference resources for understanding and developing perspectives. Some important titles available:

2000

1. *Health for All, Now!,* The People's Health Source Book, The National Coordination Committee for the Jan Swasthya Sabha, (2000), Chennai. PP 391
   Five booklets with cartoons were prepared in 2000 for mobilization, prior to the first National Health Assembly, on basic issues affecting people's health; they were translated and printed in 9 Indian languages as well. An English reprint in 2004 brought all five booklets together.

a) *Book-1: What globalisation means for People's Health?* presents an understanding of globalization and its impact on health by linking it to the issues of health financing, pharmaceuticals and food security.

b) *Book-2: Whatever happened to Health for All by 2000 AD?* talks about the primary health care and the development of principles of primary health care at Alma Ata and explains how the disease control programme takes priority, giving case-studies on health systems and disease-control strategies.

c) *Book-3: Making life worth living! (Basic Needs and Inter-sectoral issues)* outlines the need to focus on basic civil amenities like drinking water, food, sanitation, education and other important factors in achieving primary health care.

d) *Book-4: A world where we matter! (Health of marginalized groups)* looks at women's health issues and population control policies, and focuses on children and physically disabled with a strong orientation of health care issues for the marginalized in society.

e) Book-5: *Confronting commercialization of health care!* looks at issues health care in terms of rational medical care, medical education and ethics and questions the privatization of health care in terms of market v/s people.
Available from: AID-India,242, Avvai Shanmugam Salai, Gopalapuram, Chennai 600 086, India.

2. *Indian People's Health Charter (2000)*, The Indian National Health Assembly, Nov-Dec 2000, PP
   This is a 20-point charter adapted at National Health Assembly 2000. It outlines the context of the health scenario in India, provides a statement of the shared understanding on various contexts of health like drugs and globalization.

3. *People's Charters for Health,* People's Health Assembly-Dec 2000 People's Health Movement. PHA Secretariat, Gonoshasthaya Kendra, Savar, Dhaka 1344, Bangladesh.
   Available from the PHM website *(www.phmovement.org)* in over 30 languages

2001

4. *National Health Policy -2001 Legitimizing privatisation,* Delhi Science Forum, Delhi.
   A critique on National Health Policy with suggested amendments to the draft national policy of 2001.
   Available from: Delhi Science Forum, D-158, Lower ground floor, Saket, Newdelhi-110017. Price:20/-

5. *Violence as a public health issue,* Tathapi trust Pune. This booklet presents the perspective of violence as a public health issue with significant orientation on Maharashtra. It emphasises the health consequences of violence against women giving out

action points from a practitioner and health workers on recognition of the issue with remedial approaches towards the same. *Available from:* Tathapi Trust, 'Avkaash', 32 Vagheshwari Nagar Nandurbar 425412, Maharashtra. Price:20/-

2002

6. *Assault on Public Health,* Prajashakti Book House, Hyderabad, This booklet has been produced by All India People Science Network for the World Social Forum process in India. Price:20/-

2003

7. *Health for All Now! Revive Alma Ata!!,*
Books for Change, Bangalore,
This is a compilation of all the critical reflections and case-studies from different countries including India collected from PHM sources during the 25th anniversary of the Alma Ata Declaration in 2003, and published by the Bangalore Secretariat of the Global People's Health Movement hosted by CHC.
Available from: Centre for Public health and Equity, Bangalore -34, Price: 50/- *Website*: *www.phmovemnt.org*

2004

8. *The Mumbai Declaration -2004*, Jan Swasthya Abhiyan and the Global People's Health Movement
http://phmindia.x10hosting.com/
This is the declaration that evolved at the International Health Forum for Defence of the People's Health organized by the PHM global secretariat hosted by CHC in Mumbai, January 2004.

9. *People's Charter on HIV/AIDS,* Jan Swasthya Abhiyan and the Global People's Health Movement Available from: *www.phmovemnt.org*
People's Charter on HIV/AIDS evolved out through a email dialogue with PLWHA and al PHM related NGO in Inida and South Asia Working with PLWHA.

10. *Report On National Public Hearing on Right to Health Care:* Organized by NHRC and JSA, 16 and 17 Dec. 04, New Delhi, As part of Right to Health Care Campaign, JSA, along with National Human Rights Commission, organised a series of public hearing public hearing at national and regional levels, the reports of hearing can be retrieved at *http://phmindia.x10hosting.com/*

11. *Save Public Health – Ensure Health for All Now! Make Health Care a Fundamental Right!* (Policy Brief)
JSA organized a public dialogue on health issues with representatives of various political parties; a policy brief was evolved as a part of this process available at *http://phmindia.x10hosting.com*

12. *Indian Patent Act – Suggestions for Patents (Third) Amendment Bill to Amend the Indian Patents Act 1970,* Jan Swasthya Abhiyan
A series of documents were produced by JSA to ensure availability of lifesaving drugs at reasonable price following the pro-amalgamation of ordinance of amending the Patents Act 1970.The documents can be accessed at *www.phmindia.x1ohosting.com*

2005

13. *Action Alert on National Rural Health Mission,*
People's Rural Health Watch of Jan Swasthya Abhiyan, New Delhi.
This booklet conveys JSA's stand on National Rural Health Mission and guides local groups and organizations on how they could possibility engage with and monitor the implementation of NRHM.

14. *Towards a People-Oriented Rational Drug Policy, Kolkata Declaration on Pharmaceutical Policy and Access to Essential Medicines,*
All India Drug Action Network
This declaration emphasizes the need to formulate a National Pharmaceutical Policy that addresses the critical issue of universal access to essential medicines and of national self-reliance. Available from the AIDAN.
Website *(http://aidanindia.wordpress.com)*

15. *Regional Strategy for Civil Society Work with Commission on Social Determinants of Health Asia Region*. JSA had organized a series of consultations within India and other Asian countries to map the civil society organizations which could be involved in the further activities related to the commission. The document can be found at the WHO Commission on Social Determinants of Health.
Website (*www.who.int/social_determinants)*

2006

16. *Rejection Of Data Exclusivity – A Trips Plus Measure Having Negative Public Health Implications,*
This letter to Hon'ble Prime Minster is a part of active campaign and lobbying regarding data exclusivity. A report on data exclusivity under communication digest-1, June to September 2006 has been put up on *Website*: *www.phmindia.x1ohosting.com*

2007

17. *The Indian Women's Health Charter- 2007*

The Indian Women's Health Charter- 2007, The Indian Women's Health Charter is an effort towards eventful and ongoing struggle on women's health, to bring together and consolidate women's positive demands relating to health and health care. available from *www.phmindia.x1ohosting.com.*

18. *Towards the National Health Assembly II*
National Coordination Committee, Jan Swasthya Abhiyan. Delhi
Eight booklets were prepared in 2006 for the mobilization prior to the second National Health Assembly, held at Bhopal in March 2007 on the theme *Defending People's Health in an Era of Globalization".*

a. *Booklet 1 - Globalisation and Health*
b. *Booklet 2- Health Systems in India Crisis and alternatives*
c. *Booklet 3- Women's Health*
d. *Booklet 4- Campaign Issues In Child Health*
e. *Booklet 5-New Technologies In public health – who pays and who benefits*
f. *Booklet 6- The impact of Global Trade regimen on access to medicines: A case study on HIV-AIDS Treatment access*
g. *Booklet 7- Access to Essential Medicine*
h. *Booklet 8- Towards a peoples alternative Health Plan.*Available from: *www.phmindia.x1ohosting.com*

19. *Report on Second National People's Health Assembly, 23-25 March 2007***,** Jan Swasthya Abhiyan Bhopal (M.P.),
This is a process report on Second National Health Assembly, March 2007 at Bhopal, which was under the theme "*Defending People's Health in an Era of Globalization".*
Available from *www.phmindia.x1ohosting.com*

2008

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COVER STORY

People's Health Manifesto – 2009

Health for All Now – Call to all Political Parties

Dr B Ekbal

Jan Swasthya Abhiyan (JSA), the People's Health Movement of India, brought out the "People's Health Manifesto – 2009: Health for All Now — Call to all Political Parties", for the consideration of all political parties, before the 15th Lok Sabha elections.

The document briefly but comprehensively discusses the various health problems faced by the people as well as the crises existing in the health care delivery system of the country. It also contains concrete suggestions to be adopted while implementing a People's Health Policy.

The World Health Organization's (WHO) Alma Ata Declaration of 1978 — '*Health for All by 2000'* — still remains unfulfilled. Posing a challenge to the major industrialized as well as developed nations, India in the company of China, is on her path to become a super economic and industrial power. But, the country's general health status is worse than that of most of the developing nations.

The Manifesto presents a general picture of India's health situation, based on the National Family Health Surveys II and III.

While assessing the health status of people, the first aspect to be examined is the health status of children. The infant mortality rate in India is 57 for 1000. It is the same in almost all developing countries. But at the same time, in Sri Lanka and China, it is 11 and 27 respectively. And, in developed countries, the infant mortality rate is below 10.

The under-five mortality rate is 74 and WHO aims through the Millennium Development Goals (MDGs) at reducing this rate to 42 by 2015. It is doubtful if India would ever achieve the target. We can also see big regional and social differences in the health indicators. Infant mortality rate is 50 per cent higher in rural areas compared to that in urban areas. And, it is reported that the death rate among the Tribal-Dalit people is higher than the national average.

The main reason for the high infant mortality rate is lack of adequate nutritious food resulting in nutrition-deficiency diseases. Forty-five per cent of children below the age of five suffer from stunted growth. Forty per cent of them are under weight. In this respect, it is worse than that of many African countries. And the much publicized Integrated Child Development Service Scheme (ICDS), which was devised to improve the nutritional and health status of children, benefits only 20 per cent of those who really deserve the service.

Nutritional deficiency and related problems are not a problem of children alone. Fifty-five per cent of women and 24 per cent of men are weak and anaemic. This shows that a huge chunk of the population in India are not getting adequate nutrition.

Increase in the infant morality rate can also be attributed to the failure of the National Immunization Programme. Just 44 per cent of children get all the necessary vaccines. A comparative study of the National Family Health Surveys (II & III) show that the number of children who are getting immunization is coming down in states like Andhra Pradesh, Gujrat, Maharashtra, Punjab, and Tamil Nadu.

Like that of children, women's, especially pregnant mothers', health deserves special attention. Women's

problems are not specifically addressed in the public health care delivery sector. Only 17 per cent of women get the services of various health care personnel. Only 18 per cent of the Primary Health Care Centres have lady doctors.

Among married women, 49.7 per cent were anaemic in 1998-99, but in 2005-06, it rose up to 57.9 per cent. And, 51.7 per cent of delivery cases conducted were also not safe in 2005-06. Around 1,20,000 women die each year due to pregnancy and childbirth-related problems. The major reasons for this situation is the lack of adequate protection during pregnancy and adequate care during delivery. We could not lower maternal mortality below 200 as declared by the National Health Policy 1983; still it is continuing at more than 300.

Tuberculosis, Malaria, Chikungunya, Dengue, Leptospirosis (rat fever), and Brain Fever, which have been eliminated even in developing countries, are still existing extensively in almost all the states in India. And, it is in our country that the highest number of people die due to tuberculosis (3.7 lakhs) and every year, twenty lakhs are affected by malaria. Falciparum malaria which causes severe malaria affecting the brain can lead to death.

India is the second largest country next to South Africa having HIV/AIDS-infected cases (31 lakh people.)

India has the most privatized health care in the world. Seventy per cent of the urban families and 63 per cent of the rural families have to depend on the private health care sector for their health needs. The World Health Organization has specified that at least five per cent of the Gross Domestic Product (GDP) should be spent for health care. But in India, only 0.9 per cent of GDP is spent by the government in the health sector.

Taking into account the inadequacies in the health care delivery system and the deplorable health status of people, Jana Swasthya Abhiyan (JSA) prepared and presented the Manifesto for serious consideration by all political parties in the country.

The main proposal in the manifesto is to implement the National Health Act to make available a comprehensive public health care delivery system with adequate public funding. Health spending of the government should be increased to 3 percent of the GDP within the next five years, and 10 percent within the next 10 years. Now, only 20 per cent of the total health expenses are borne by the government. This will have to be increased to 60 per cent in the next 5 years, and 100 percent in 10 years' time.

Safe and clean drinking water, adequate nutrition,

hygiene and sanitation that play a crucial role in keeping people healthy need to be ensured.

The Manifesto also recommends a Comprehensive Health Insurance Plan for the workers of the organized and unorganized sectors as well as for the poor. The entire expense of the health insurance for the poor will have to be borne by the government.

The implementation of National Rural Health Mission (NRHM) has to be made more efficient. The rural public health system should be revamped with NRHM-funding. The government had promised to spend Rs. 55,000 crore every year for the NRHM. But, last year, only 12,000 crores was spent on the project. This has to be made up for in the coming years. Decentralization of financial and administrative responsibilities should be introduced in the health care sector.

The Manifesto also brought forward many suggestions about the pharmaceutical sector. The per capita drug expenditure must increase from Rs.2 (as existing now) to Rs.50/- per year. All the states should publish a list of essential medicines. Prizes of drugs should be controlled and their ready availability ensured. Drugs should be sold under generic names. Unwanted and harmful medicines, equipment, unnecessary diagnostic practices as well as methods of treatment should be banned.

The Manifesto contains various suggestions for ensuring gender equality as well as improving the delivery of health care to women and children.

A meeting with the representatives of all political parties was held in the first of week of April at Delhi to discuss the Manifesto. This was followed by state-wise meetings. We hope that the ministry that has taken charge after the general election will seriously consider the suggestions outlined in the JSA Manifesto. ■

(This write-up was released before the elections in March 2009)

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