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SOCIAL RELEVANCE AND ORIENTATION OF HEALTH EFFORTS - NEED FOR A PARADIGM SHIFT?

BIOMEDICAL, OLD PUBLIC HEALTH, TO A SOCIETAL APPROACH BUILT ON HUMAN AGENCY, PARTICIPATION, INCLUSIVENESS
“Disparities hampering progress are systematic, reflecting hierarchies of advantage and disadvantage and public policy choice”

UNDP, 2005
What are the people saying?

Less Food  No water  No job

There goes our health!
Community Health

“Increases individual, family and community autonomy over health and over the organisation’s, means, opportunities, knowledge and supportive structures that make health possible.”

Community Health Cell, 1987
COMMUNITY HEALTH MOVEMENTS

“Since health cannot exist in isolation, it is necessary that the community health movement becomes part of a larger social movement towards greater equity and justice”.


Reprinted by SOCHARA, 2011
Community voice & participation is not new!

- One Community Health Worker per 1000 population, Sokhey Committee, 1939

- “No permanent improvement of public health can be achieved without active participation of people in local health programs.... Formation of village health committees and voluntary health workers are needed who will need suitable training.”

Source: Bhore Committee, 1946 in CBHI 1985
A Demand for health is needed......

“Unless the conscience of citizens as a whole is stimulated to demand and accept better standards of health.....

through health education and other efforts, it will be difficult for health authorities alone to ensure that the measures contemplated are actually implemented....”

Source: CBHI 1985
Communities should be involved in designing, staffing, & functioning of local primary health care centres & in other forms of support.

Primary health care workers should be selected by the community itself or at least in consultation with the community.

Respect for cultural patterns and felt needs in health and community development.

Study included Jamkhed, India.
“The International Conference on Primary Health Care calls for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world by the year 2000.”

Alma Ata Declaration, 1978
Health for All – A Prescription by the ICMR and ICSSR, 1981

For a mass movement post Alma Ata

• “Reduce poverty, inequality & spread education

• Organise poor & underprivileged to fight for their basic rights

• Move away from the counter productive Western model of health care and replace it by an alternative based in the community

• Provide community health volunteers with special skills, readily available, who see health as a social function”
Healthy Public Policy?

With participation?

National Population Policy
National Health Policy 2002
Pharmaceutical Policy
National Rural Health Mission
National Health Bill (draft)
12th Plan ... Universal Health Coverage

......And other related Policies, Acts

Community Participation - with inclusion,

as a value, as a process, as an approach, with a
recognition that health is a contested terrain
with conflicts of interest and communities are
dependent, with information and power
asymmetries
**Placebo Policies – Be Aware and Beware!**

- Those with no intention of being implemented.
- Keeps people happy and hopeful.
- Masks the situation
- Allows for capture of policy space by elite
- Occurs with a passive population, disempowered.

**What should be our response?**
MECHANISMS PROMOTING PARTICIPATION IN DECISION MAKING AND ACTION

• Panchayati Raj Institutions – elected representatives at different levels; Federations of women ERs
• Swashtya Gram Samiti’s/ Village Health Water, Sanitation Commitees
• Community Health Workers, Link Workers, ASHAs, Mitanins, Jan Swasthya Rakshaks, Saiya’s with Associations to protect their rights
• Rogi Kalyan Samiti’s/ Patient Welfare Committees
• Involvement of Dai’s & Local Healers

• Untied Funds
• Support systems
• Training of public health system staff for participation
PARTICIPATION NEEDS GREATER ATTENTION BUILDING ON THE PROCESS AND POLITICS OF ENGAGEMENT

• Adequate human resources – people as key resource
  Adequate financial resources
  Adequate time

• Research with multiple methods

• Training and capacity building

• Sensitive to language and creativity
Community Participation, Empowerment, Equity & Universal Health Coverage

Tracing the development of idea’s, policy processes and implementation

Do we believe change is possible? How do we go about it? What is our role – as individuals, organisation’s?

Can we join with larger collectives in today’s interconnected world
Critical Review of National Health Policy, NRHM and the Politics of Primary Health Care

Together ... we can make a difference to health in India!