Topic 1: Public Health management at District level: Concepts and Values

A hand out from the project on "Integrated management of public health programmes at district level"

This project was developed by incorporating ideas, suggestions and contribution from an interactive participatory process of dialogue and consultation involving public health and multidisciplinary resource network drawn primarily from mainstream institutions and the civil society network in India.

A draft manual evolved covering concepts and values Roles, Skills and Challenges and an Integrated Paradigm for the Public Health Management at District level. It also elaboarates on, making a district diagnosis; organizing a health management information system; evolving a district plan; organizing an epidemiological surveillance system; responding to an epidemic and managing an outbreak; managing health programmes; managing human resources; organizing materials management; monitoring and evaluation; leading and building a health team; promoting, communicating and advocating for health; promoting and sustaining community partnerships; and building and sustaining partnerships with the educational sector; civil society, private sector and promoting an inter-sectoral collaboration.

Developed by
Centre for Public Health and Equity, and its associates, for the Society for Community Health Awareness Research and Action, Bangalore.

[A later edited version of this document has been included in a manual submitted to the WHO Regional Office in South East Asia, towards the fullfillment of grant for the same - 2010]

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Acknowledgements

Prof. L.M. Nath (VHAI) and **Dr. Thelma Narayan (SOCHARA)** for going through all the chapters and suggesting very useful changes and additions.

Preface

This document is intended to serve as an evolving conceptual **framework for district level public health managers** in the health systems of the South East Asian countries. These managers, their knowledge, skills, attitudes, and openness to new challenges and new paradigms will remain one of the key determinants of the success of countries in reaching the **"Health For All" (HFA) vision** and the ***Millennium Development Goals (MDG's)***.

This document is a practical do it yourself workbook that draws upon some of the wealth of experience and resources in the past and present and tries to help district level managers address the complexities of today's challenging global, national and local health situation and the emergence of new challenges and reemergence of older ones.

Readers are adviced not to treat this document as a comprehensive manual but as **an evolving compilation of concepts in public health management**. This conceptual framework contains suggestions to tackle some of the problems, that the district level public health managers meet in their daily life as they lead, assess, respond, evaluate and learn from numerous health systems challenges. Where possible and feasible it directs the readers to other resources that will provide them additional perspective and details.

The authors/ facilitator have worked in the community and have had the experience in supporting capacity building for public health/ community health in the main stream and civil society linked alternatives sector. They have also tried to draw upon the experience and the field-oriented perspectives of a network of public health capacity builders and trainers from the mainstream public health institutions and civil society training centers.

This is ***a work in progress.*** The conceptual framework will, we expect, evolve into a guidebook that gets used and adapted by district level public health managers, trainers and supervisors of district level public health programmes. The document is expected to continue to eveolve with the feedback from users making it more relevant, responsive, context specific and focused.

We see this document as the beginning of a new journey - ***a journey of strengthening district level public health management***.

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1. Public Health Management at District level: Concepts and Values

Introduction: The person taking up a role and responcibility at district level as a part of pubic health practiece has complex challenge posed by health systems which s/he has to address in today's reality. Much of the task may be 'putting the national primaryhealth care policy into action'[1].

This evolving manual believes that s/he can meet this reality if they understand the basic values, principles and goals of health systems committed to reaching **Health For All**. Some of them are old values and old definitions, which are being reiterated and renewed. Some are newer ideas and paradigms that have emerged as responses to continuing health systems challenges.

The concepts and values included in this document are;

- ***Public Health***
- ***District Health systems***
- ***Health For All***
- ***Primary Health care***
- ***Equity***
- ***Gender***
- ***Solidarity***
- ***Right to Health***

Key Concepts

We request you to spend a little time reflecting on these concepts and values. How can you make the health systems under your management be responsive/ sensitive to these values and goals?

a) Public Health

Public Health has been an evolving discipline through which major health gains for population around the world. Unfortunately in the late 1980's and most of the 1990's this discipline was grossly underfunded and distorted by the new economic policies that weakened public health systems, and made them in efficient or in effective. Since the Calcutta Declaration in 2000[2], public health has been revalued and reenergized in the region by a new public health initiative to strengthen this discipline at all levels of the health system. This manual is one such effort. Public Health has been defined as follows;

> "**Public health** is one of the efforts organised by society to protect, promote, and restore the people's health. It is the combination of sciences, skills, and beliefs that are directed to the maintenance and improvement of the health of all the

people through collective or social actions. The programs, services, and institutions involved emphasise the prevention of the disease and the health needs of the population as a whole. Public health activities change with changing technology and social values, but the goals remain the same: to reduce the amount of disease, premature death, and disease- produced discomfort and disability in the population. Public health is thus a social institution, a discipline and a practice."[3]

"**Public Health** is the science and art of promoting health, preventing disease, and prolonging life through the organized efforts of society"[4].

"**Public health** is a social and political concept aimed at the improving health, prolonging life and improving the *quality of life* among whole populations through *health promotion, disease prevention* and other forms of health intervention. A distinction has been made in the *health promotion* literature between *public health* and a new public health for the purposes of emphasizing significantly different approaches to the description and analysis of the *determinants of health*, and the methods of solving public health problems. This New public health believes in a comprehensive understanding of the ways in which lifestyle and living conditions determine the health status and recognition of the need to mobilize resources and make sound investment in policies, programmes and services, which create maintain and protect health by supporting healthy life styles and creating supportive environment for health."[5]

All public health manager today therefore need to see public health as a multi- dimensional challenge which includes the following:

Does your public health management include all this?

- Protecting people's health.
- Promoting people's Health.
- Restoring peoples health.
- Maintaining and improving health of people through
  - Collective action.
  - Social action.
- Programmes emphasizing prevention not just cure.
- Programme addressing health needs of the population as a whole.
- Reducing the amount of disease, premature death and disease produced discomfort and disability in the population.
- Promoting healthy life styles among the population.
- Helping to create supportive environment for health in communities.

b) District Health System:

A district has been described as the most peripheral organised unit of the local self government and administration for development, health and many other activities. However in large countries like India, Bangladesh, and Indonesia even a district may be too large an entity and subdistrict units may be designed. For the purpose of this document we are primarily using a set of World Health Organization definitions, as most reresentative and applicable to the countries of our region.

The district

> ". ….the most peripheral fully organised unit of local government and administration. It differs greatly from country to country in size and degree of autonomy, and population may vary from less 50,000 to over 300,000.
>
> It is geographically compact and every part of it can normally be reached within a day. As a unit, it is small enough for the staff to understand the major problems and constraints of socioeconomic and health development, and for health and other workers to know each other and be more humane in their approach. It is also a large enough unit for the development of the technical and managerial skills essential for planning and management. There usually is a central administrative point where the main government sectors are represented. The district is often the natural meeting point for "**bottom-up**" planning and organization and "**top-down"** planning and support and is, therefore, a place where community needs and national priorities can be reconciled.
>
> **The district** offers great opportunities for effective inter sectoral action since it is an area within which bodies such as development committees and district councils can very easily plan and act in unison. At district level, away from rigid central divisions and bureaucracies, different sectors have always tended to work together and people find it easy to collaborate on specific issues. The constitutional, legal, political, and administrative structures will determine the degree to which responsibilities will be decentralised. These structures also influence to which also influence the amount of community participation through, for example, representative assemblies or other established mechanisms for the involvement of citizens in public matters." [6]

Health system

"A **Health system** is the complex of interrelated elements that contribute to health in homes, educational institutions, workplaces, public places and communities, as well as in the physical and psychosocial environment and the health and related sectors." [7]

> "A **health system** comprises all organizations, institutions and resources devoted to producing actions whose primary intent is to improve health. Most national health systems include public, private, traditional and informal sectors. The four essential functions of a health system have been defined as service provision, resource generation, financing and stewardship" [8].

District health system

> " A district health system based on primary health care is a more or less self-contained segment of the national health system. It comprises first and foremost "a well defined population living within a clearly delineated administrative and geographical area. It includes all the relevant health care activities in the area, whether governmental or otherwise. It therefore consists of a large variety of interrelated elements that contribute to health in homes, schools, workplaces, communities, the health sectors, and the related social and economic sectors. It includes self care and all health care personnel and facilities, whether governmental or non-governmental, up to and including the hospital at the first referral level, and the appropriate support services, such as a laboratory, diagnostic, and logistic support. It will be most effective if coordinated by an appropriately trained health officer working to ensure as comprehensive a range as possible of promotive, preventive, curative and rehabilitative health activities." [9]

Reflect on your district and the district health system under your charge.
Do these definitions fit your district?
If so, why?
If not, why not?

c) Health for all

> **"**In 1977 the Thirtieth World Health Assembly decided that the main social goal of the governments and WHO in the coming decdes should be the attainment by all the people of the world by the yaer 2000 of a level of health that

would permit them to lead a socially and economically productive life. This goal is commonaly known as “health for all by year 2000”. **“Health for all”** is a process leading to progressive improvement in the health of people, not a single, finite target. It will be interpreted differently by each country in the light of its social and economic characteristics, the health status and the morbidity pattern of its population, and the state of development of its health system. However, there is a health baseline below which no individuals in any country find themselves; *all* people in *all* countries should have a level of health that will permit them to work productively and to participate actively in the social life of the community in which they live.

Health for all does not mean that in the year 2000 doctors and nurses will provide medical care for everybody in the world for all their existing ailments and that no body will be sick or disabled. It does mean that health begins and is fostered or endangered at home, in schools and in factories, where people live and work. People will use better approaches than they do now for preventing disease and alleviating unavoidable illness and disability, and have better ways of growing up, growing old and dying in dignity.

Essential health care will be accessible to all individuals and families, in an acceptable and affordable way, and with their full involvement. There will be an even distribution among the population of whatever resources for health are available and people will realise that they themselves have the power to shape their lives and the lives of their families, free from avoidable burden of disease, and aware that ill-health is not inevitable.” [7.]

Relect on what “Health for all” could mean for the people in your district.

What is the essential health care that will be accessible to all individuals and families in an acceptable and affordable way with their full involvement in your district?

What resources for health would be available and distributed to all people in your district?

d) Primary health care

"**Primary health care** is essentail health care made accessible at a cost the country and community can afford, with methods that are practical, scientifically sound and socially acceptable. Every one in the community should have access to it, and every one should be involved in it. Related sectors should also be involved in it in addition to the health sector. At the very least it should include education of the community on the health problems prevalent and on methods of preventing health problems from arising or of controlling them; the promotion of adequate supplies of food and of proper nutrition; sufficient safe water and basic sanitation; maternal and child health care, including family planning; the prevention and control of locally endemic diseases; immunization against the main infectious diseases; appriorate treatment of common diseases and injuries; and the provision of essential drugs.

Primary health care is the central function and main focus of a country's health system, the principal vechicle for the delivery of health care, the most peripheral level in a health system stretching from the periphery to the centre, and an integral part of social and economic development of a country. The form it takes will vary according to each country's political, economic, social, cultural and epidemiological patterns. To be successful it needs individual and community self reliance and the maximum **community involvement** or participation, that is to say, the active involvement of the people living together in some form of social organization and cohesion in the planning, operation and control of the primary health care, using local, national, and other resources. The term "involvement" is preferable to **"participation"** because it implies a deeper and more personal identification of members of the community with primary health care. In community involvement individual's and families assume responsibility for their, and the community's, health and welfare and develop the capacity to contribute to their own and the community's development. Part of such responsibility is **self care** which implies largely unorganised health activities and health- realted decision making carried out by individuals, families, neighbours, friends and workmates. These Include the maintenance of health, prevention of disease, self diagnosis, self treatment, including self medication and self aplied folowup care after conact with the health services" [7].

"Primary Health Care" is traditionally being used to mean first level conact between patient or communities and organised health care. In this sense it includes the services provide by prepheral health workers, including general practitioners, nurses and health auxiliaries. ……. the expression conveys two other meanings: essential health care consisting of atleast eight elements (see figure), and an

approach to the provision of health care that is characterised by equity, intersectoral action and community participation. It is essentially to these two last meanings that the expression now commonly refres " [6].

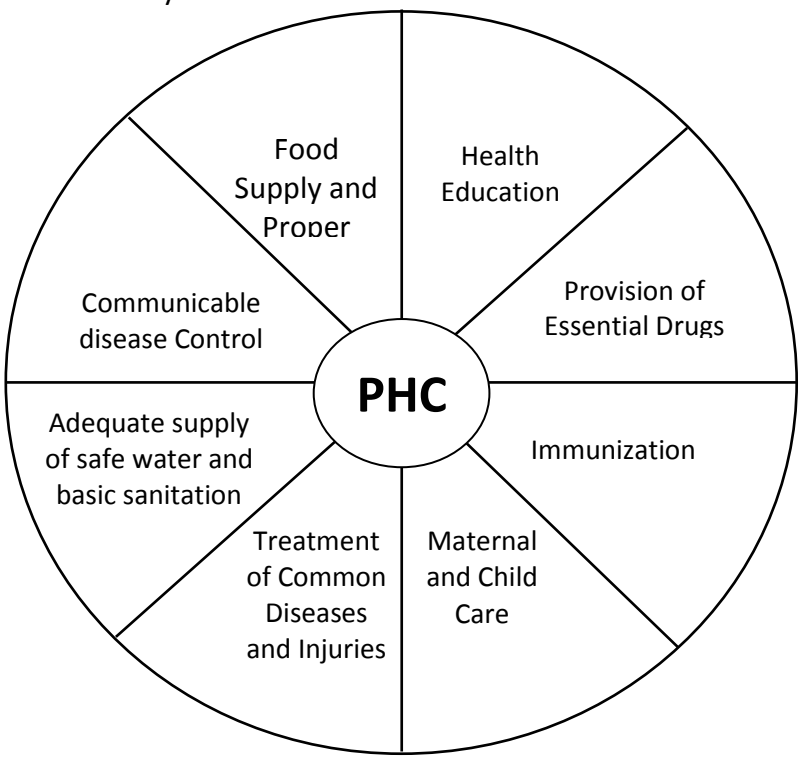

Fig.1. Eight Elements of Primary Health Care, *Source: 4*

Primary Health care as a core element and component of district health system has seen a recent renewal and revival at health policy level at national, regional and global level. The World Health Report 2008 of the World Health Organization, entitled "Primary Health Care: Now More Than Ever" makes a strong commitment to this revival. It reminds us that people centred primary care should focus on health needs, be comprehensive, continuous and person centred, build enduring relationships, build responsibility for the health of all in the community along the life cycle and take responsibility for tackling determinants of il health and make people partners in manging their own health and that of their communty!"[10].

Values

As part of the recent revival in primary health care some additional core values have been recently outlined as part of primary health care and public health systems. Values have been defined, as social goals or standards, held or accepted by the individual, class or society. Values have recently been outlined for health systems in a recent PAHO document[11] .As this document reiterates "values are essential for setting national priorities and for evaluating whether or not social arrangements are meeting population needs and expectations. They provide a moral anchor for policies and programmers enacted in the public

interest" [9]. Many values are universal and hence relevant to health systems in our region as well. These are, equity, gender, solidarity and health as a right. These are now discussed based on adaptations from recent health policy documents as indicated. Each country in the region need to reflect on these four basic values and identify how they are expressed or distorted in each country so that the positive value orientation can be enhanced by more country specific action plans.

a) **Equity** [11 &12]

All health systems are challenged to address the unfair health differences that exist in

- health status;
- access to health care;
- access to health enhancing environment,
- access to treatment and services within the health and social service systems.

This quest for reaching those who cannot reach or access the system is what is described as equity orientation and in simple language it may be described as **"reaching the unreached"** and **"equal treatment of all subjects".**

Inequity can be due to,

- disadvantage by geography, eg- inaccessible terrain
- marginalization by caste or class or ethnicity (eg- indigenous/ tribal and other oppressed communities in South East Asia.)
- social exclusion by gender, disability, social discrimination or stigma of illness.

Therefore an **equity orientation of the health system** implies that the health system always strives towards treating all people as equals – a situation

> "in which disadvantaged population groups (whether defined by age, gender, race-ethnicity, socio-economic class or residence) can better achieve their full health potential, as indicated by the health standards of those groups in society who are most advantaged. It calls for **affirmative and preferential action** to improve the health of those with the poorest health when they face unjust obstacles to achieving that potential. " [12].

Reflect on the equity status of the district health system under your charge. Is the public health system, which you manage at the district level equity oriented?
Does it constantly endeavour to reach those who

cannot reach or access your system?

b) Gender [13-14]

Gender is a important concept in public health and primary health care, not to be misunderstood as simply a matter of difference between men and women in society. It is a more comples value construct that looks at roles, status and power relationships between the sexes in the context of society and access to systems and services.

> "**Gender** is used to 'describe the characteristics, roles and responsibilities' of women and men, boys and girls, 'which are socially constructed'. 'Gender is related to how we are perceived and expected to think and act as women and men because of the way society is organized, not because of our biological differences" [13].
>
> **Gender and Health**
>
> "Society prescribes to women and men different roles in different social contexts. There are also differences in the opportunities and resources available to women and men, and in their ability to make decisions and exercise their human rights, including those related to protecting health and seeking care in case of ill health. Gender roles and unequal gender relations interact with other social and economic variables, resulting in different and sometimes inequitable patterns of exposure to health risk, and in differential access to and utilization of health information, care and services. These differences, in turn have clear impact on health outcomes".[14]
>
> **How does Gender influence Health/ health systems?**
>
> 'In almost all cultures and settings around the world and across social groups, women have less access to and control over resources than most men, and are denied equal access to facilities like education and training. However, what it means to be a man or a woman varies across cultures, races and classes'[13]
>
> **How does Gender influence health status?**
>
> Gender influences health status in the following ways and hence health systems have to be geared up to address this influence.
>
> - "exposure, risk or vulnerability
> - nature, severity or frequency of health problems
> - ways in which symptoms are perceived
> - health seeking behaviour
> - access to health services

- ability to follow prescribed treatments
- long term social and health consequences"[14.]

Reflect on all aspects of the public health systems you manage at district level and identify any aspects of the system that may disadvantage women over men in their access to health services, control over information or resources, ability to follow prescribed treatments or long term social and health consequences ?

If so how can you begin to tackle this gender bias?

c) Solidarity

Solidarity

"Solidarity is the extent to which people in a society work together to define and achieve the common good" [11].

Manifestation of solidarity

"It is manifested in national, state level and local government; in village self government like panchayatraj in India; In the formation of voluntary agencies both ngo's and community based organizations; trade unions and others forms of citizen participation at a community level- be they farmers clubs, women's clubs, youth clubs and teachers clubs/societies" [11].

In the plural societies like those we have in South Asia, sometimes, religion, caste and ethnic difference can divide this community solidarity, and produce tensions leading to a temporary break down of solidarity. Public health systems and primary health care based health systems require and should promote solidarity as a value so that there can be social solidarity in enhanced health investments, risk pooling and help in building solidarity across community boundaries; across sectors and across plural sections of society.

In your district reflect on the religion, ethnic and other divisions and stratification in your community.
Do these in any way produce any tensions in the community or between some sections of the community and your health system? How can you tackle this challenge amd promote solidarity?

d) Health as a Right

The constitution of the World Health Organization adopted in July 1946, by 61 states and which came into force on 7th April 1948 clearly states that **'the enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic and social condition'** [15]. The Alma Ata Declaration of 1978 reaffirms this fundamental right and further specifies that "**The attainment of highest possible level of health is a most important worldwide social goal"**[16] whose realization requires the action of many other social and economic sectors in addition to health sector.

Right to Health

This has been "legally defined as rights of citizens and responsibilities of government and other actors and creates health claims for citizens that provide recourse when obligations are not met. The right to the highest attainable level of health is instrumental in assuring that services are responsive to people's needs, that there is accountability in the health system, and that PHC is quality-oriented, achieving maximum efficiency and effectiveness while minimizing harm." [11]

In many countries of South East Asia, strong civil society initiatives and social movements are strengthening the value orientation of health systems towards the right to health with governments, specially in Thailand and India evolving health policy and health systems responses imbued with this value.

Reflect on the programmes that the public health system managed by you is offered to the community.

Are these programmes oriented to a rights-based approach or are these seen as charity or just services?

What can you do to make them more oriented to health as a right?

As part of the strengthening of public health management in the region there is need for managers to re-look at many more concepts and definitions frequently used in a public health systems context but often forgotten or distorted in practice. A collection of commonly used terms which are important for district health management is included as additional reading in appendix -1. These are taken from standard WHO sources and related

literature. Since they are essential for good managemnt practice take time to reflect on them and understand their significance and context.

SOME COMPONENTS

a. Health promotion[5]

Health promotion is the process of enabling people to increase control over, and to improve their health.

Health promotion represents a comprehensive social and political process, it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health. Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Participation is essential to sustain health promotion action.

b. Advocacy for health[5]

A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme.

c. Alliance building [5]

An alliance for health promotion is a partnership between two or more parties that pursue a set of agreed upon goals in health promotion.

Alliance building will often involve some form of mediation between the different partners in the definition of goals and ethical ground rules, joint action areas, and agreement on the form of cooperation, which is reflected in the alliance.

d. Health communication[5]

Health communication is a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda. The use of the mass and multimedia and other technological innovations to disseminate useful health information to the public, increases awareness of specific aspects of individual and collective health as well as importance of health in development.

e. Healthy public policy[5]

Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy, and by an accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes healthy choices

possible or easier for citizens. It makes social and physical environments health enhancing.

COMMUNITY ORIENTATION

a. Community[7]

A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships, which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms, which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them.

In many societies, particularly those in developed countries, individuals do not belong to a single, distinct community, but rather maintain membership of a range of communities based on variables such as geography, occupation, social and leisure interests.

b. Community Involvement[7]

The active involvement of people living together in some form of social organization and cohesion in planning, operation and control of the primary health care, using local national and self resources.

The term involvement implies a deeper and more personal identification of members of the community with health care In community involvement individuals and family responsibilities for their, and the communities health, welfare and development.

c. Community action for health[5]

Community action for health refers to collective efforts by communities which are directed towards increasing community control over the determinants of health, and thereby improving health.

d. Empowerment for health[5]

In health promotion, empowerment is a process through which people gain greater control over decisions and actions affecting their health.

Empowerment may be a social, cultural, psychological or political process through which individuals and social groups are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and achieve political, social and cultural action to meet those needs.

SOME HEALTH SYSTEM BASICS

a. Determinants of health[5]

The range of personal, social, economic and environmental factors, which determine the health status of individuals or populations.

b. Health behavior[5]

Any activity undertaken by an individual, regardless of actual or perceived health status, for the purpose of promoting, protecting or maintaining health, whether or not such behaviour is objectively effective towards that end.

c. Health indicator[5]

A health indicator is a characteristic of an individual, population, or environment which is subject to measurement (directly or indirectly) and can be used to describe one or more aspects of the health of an individual or population (quality, quantity and time).

d. Health policy[5]

A formal statement or procedure within institutions (notably government) which defines priorities and the parameters for action in response to health needs, available resources and other political pressures.

e. Health sector[5]

The health sector consists of organized public and private health services (including health promotion, disease prevention, diagnostic, treatment and care services), the
policies and activities of health departments and ministries, health related nongovernment organizations and community groups, and professional associations.

f. Social capital[5]

Social capital represents the degree of social cohesion which exists in communities.
It refers to the processes between people which establish networks, norms, and social trust, and facilitate co-ordination and co- operation for mutual benefit.

g. Network[5]

A grouping of individuals, organizations and agencies organized on a non-hierarchical basis around common issues or concerns, which are pursued proactively and systematically, based on commitment and trust.

‘BEYOND THE PUBLIC HEALTH SYSTEM’ CHALLENGES;

a. Social responsibility for health[5]

Social responsibility for health is reflected by the actions of decision makers in both Public and private sector to pursue policies and practices, which promote and protect health.

b. Supportive environments for health[5]

Supportive environments for health offer people protection from threats to health, and enable people to expand their capabilities and develop self reliance in health. They encompass where people live, their local community, their home, where they work and play, including people’s access to resources for health, and opportunities for empowerment.

c. Inter-sectoral collaboration[5&7]

A recognized relationship between part or parts of different sectors of society which has been formed to take action on an issue to achieve health outcomes orintermediate health outcomes in a way which is more effective, efficient or sustainable than might be achieved by the health sector acting alone.

Inter-sectoral action for health is seen as central to the achievement of greater equity in health, especially where progress depends upon decisions and actions in other sectors, such as agriculture, education, and finance. A major goal in inter-sectoral action is to achieve greater awareness of the health consequences of policy decisions and organizational practice in different sectors, and through this, movement in the direction of healthy public policy and practice. Not all inter-sectoral action for health need involve the health sector. For example, in some countries the police and transport sectors might combine to take action to reduce road transport injury. Such action, although explicitly intended to reduce injury, will not always involve the health sector. Increasingly inter-sectoral collaboration is understood as cooperation between different sectors of society such as the public sector, civil society and the private sector.

Medical pluralism:

The term medical pluralism is vast and can be used to envisage many a concepts. Pluralism has not received the critical attention it deserves hence this chapter has not adequately explored the overall issues related to pluralism. The context/concept of medical pluralism should not be limited to the choice of treatment and perceptions / responses of people to various systems of medicine.

The meaning of pluralism should be extended further to incorporate pluralism among the medical practitioners. The medical practitioners in India range from professional degree holders to persons without any qualifications. There is "considerable evidence" that a general medical practitioner will draw from all systems of medicine in his practice. Eg. Incorporation of stethoscope and ophthalmoscope by the ISM and use of Liv-52 by their counterparts. "The ISM practitioners use biomedicine and germ theories in their explanatory armoury while a biomedicine practitioner's use Ayurveda hot-cold dichotomy for dietary restrictions"[17].

With the references to above background and for practical purposes the term medical pluralism can be defined as 'Respect', 'tolerance', 'co-existence' and 'interaction' along with 'assimilation' between the various systems of medicine/health without 'conflict'[18].

Addressing the issues of Respect, Tolerance, co-existence, interaction and assimilation will help in understanding the basis for prejudice between the systems of medicine; however this would also significantly help in facilitating discussions between various systems of medicine. These form an important measure for realization of Integration of medical and health systems. Every system of medicine can contribute to health care in their own way; a national health system should ensure that good services and human resource available with Traditional System of Medicine to be utilised on the basis of non-discrimination.

Partnership for health [5]

A partnership for health is a voluntary agreement between two or more partners to work cooperatively towards a set of shared health outcomes

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