



People Centered PHC: Empowering Communities, enhancing participation and advocating for stewarding intersectoral action



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International conference- 30th anniversary of the Alma-Ata Declaration on Primary Health care (WHO/UNICEF)

Almaty, Kazakhstan 15-16 October 2008



The Challenge for PHC in the new millennium



- The **People** back into the centre of primary health care
- The **Public** back into Public health systems
- The **Community** back into the health policy discourse.

Plan of Presentation

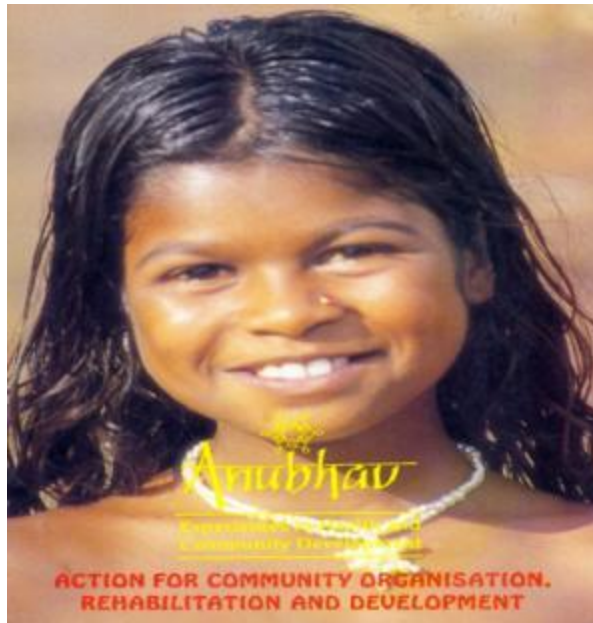
- People Centered Primary health care before Alma Ata-1978 (with a focus on India)
- People Centered Primary health care - Alma Ata -1978
- Globalization of health from above : the distortion of PHC and loss of the community and the people-orientation
- Globalization of health solidarity from below :
the revival of PHC with a strong peoples movement, committed to equity, rights, gender, and the social determinants perspective of health
- Towards a People-centered PHC – forward beyond Alma Ata – 2008 : the core agenda of the future (with examples)

Health Survey and Development Committee- India Bhore Committee (1946)

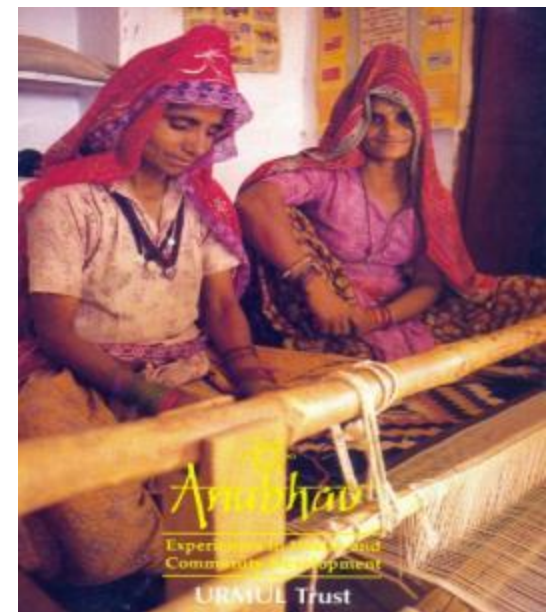
- **“No permanent improvement of public health can be achieved without the active participation of the people in the local health program....**
- **We consider that the development of local effort and the promotion of a spirit of self help in the community are as important to the success of the health programme as the specific services, which the health officials will be able to place at the disposal of the people**
- **Formation of village health committees and Voluntary health workers are needed who will need suitable training..”**

Source : CBHI 1985

CHW'S IN INDIA – AN OVERVIEW 1970s & 1980s)



- **CHWs** - Jamkhed
- **VHWs** - Indo-Dutch, project Hyderabad
- **Lay First Aiders** – VHS -Adyar, Chennai
- **Link workers** - **CLWS** tea plantations
- **Health Aides** – RUHSA
- **MCH workers** - CINI, Calcutta
- **Swasthya Mitras** – BHU Varanasi
- **Sanyojaks** - Banavasi Seva Ashram, UP
- **CHW's**- **St. John's** Bangalore,
- **Rehbar-e-Sehat** - Teacher workers of Kashmir
- **CHVs** - Sewa Rural, Jhagadia
- **Mallur Health Cooperative- Local Health Workers**

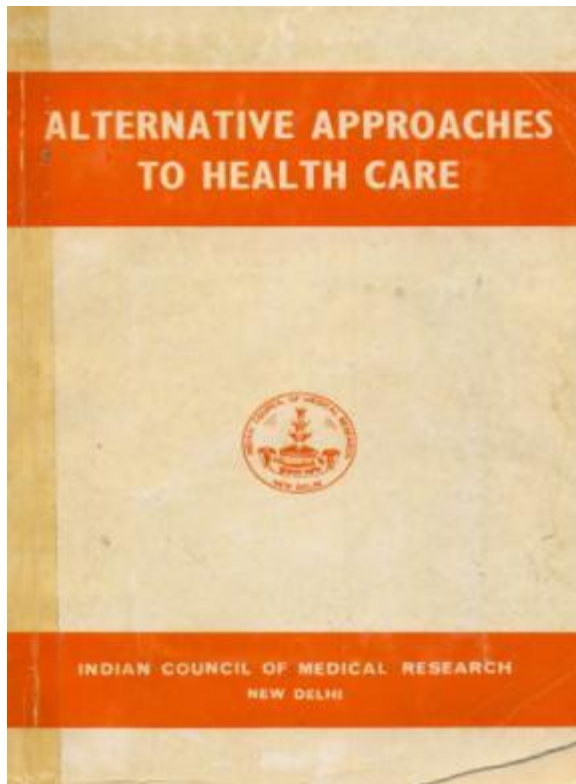


Doctors and Village Health Workers :An Assessment by Muktabai Pol

- Doctors are like chandeliers, beautiful and exquisite, but expensive and inaccessible...”
- “ I am like a little lamp inexpensive and simple and I can transfer light from one lamp to another, lighting the lamp of better health....., easily unlike the chandeliers
- Workers like me can light another and another and thus encircle the whole earth. This is Health for All.

*a Village Health Worker From JAMKHED India,
Washington, DC, May 1988*

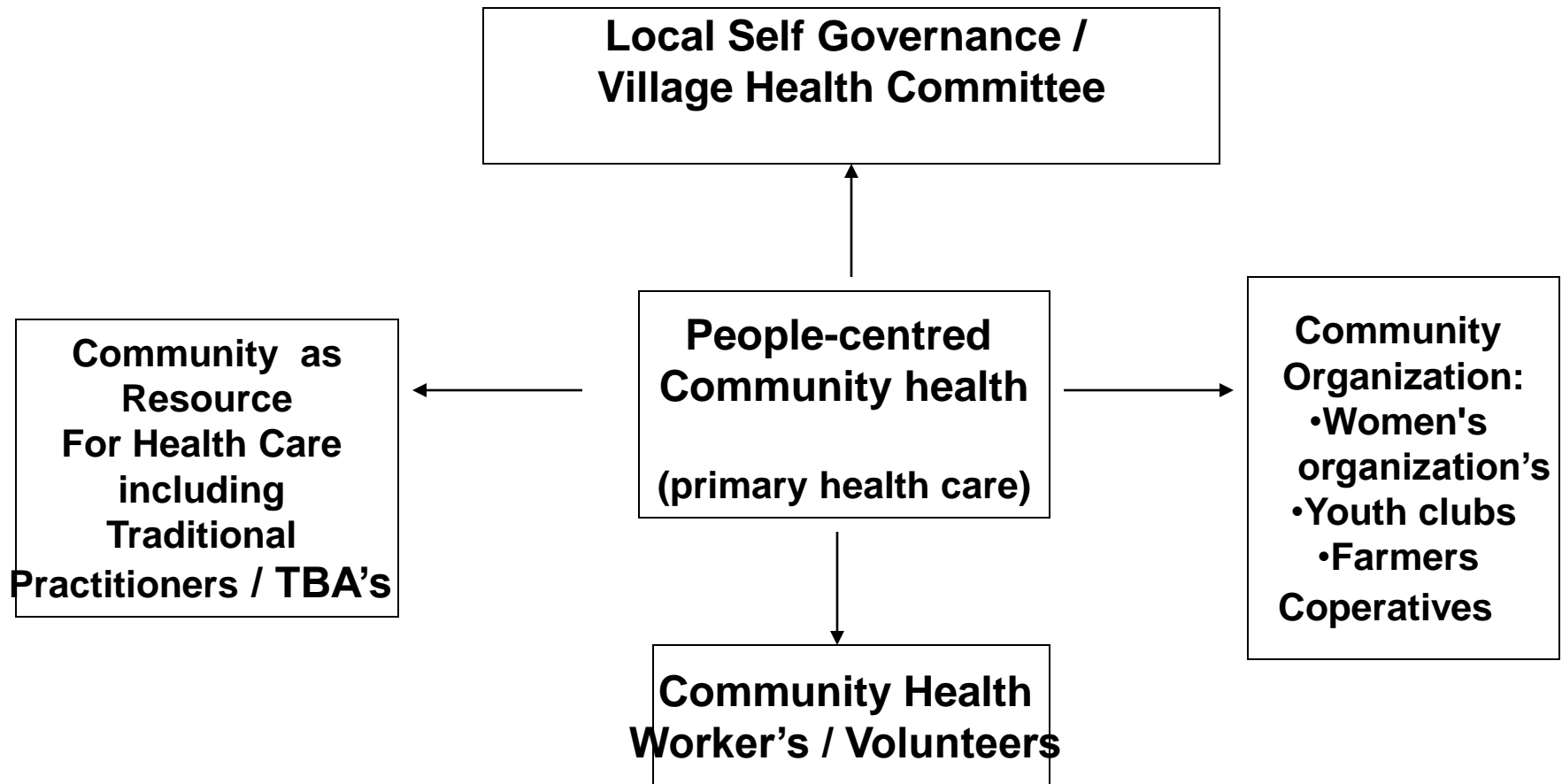
Alternative Approaches to Health care - an ICMR Study 1976



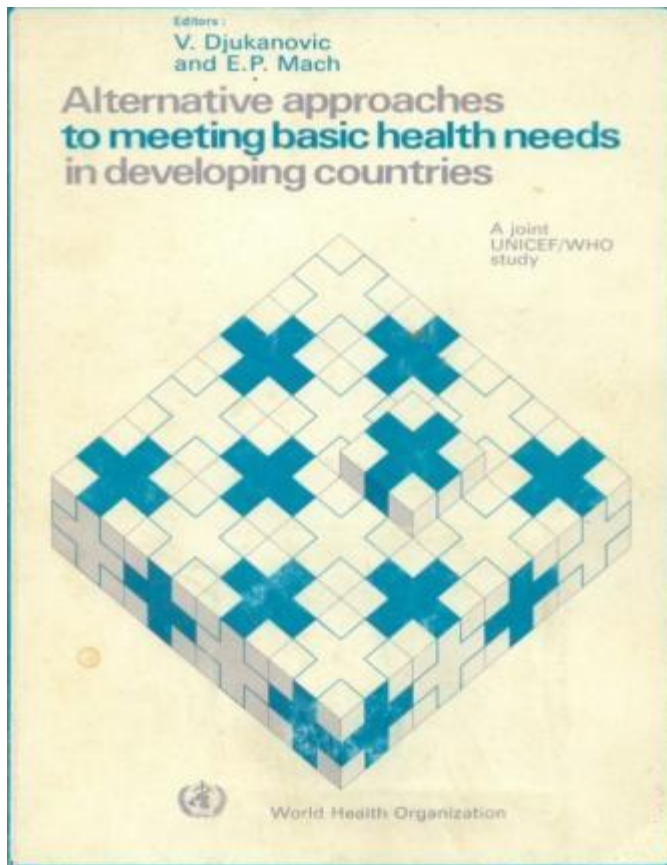
**ICMR initiative and Monograph
1976**

- Integrating Health with development activities
- Preventive and Promotive services
- Appropriate Technology
- Utilization of local resources and healers
- Village based health cadres
- Community participation
- Community organization
- Local finances through cooperatives
- Education for health
- Conscientization and political action

People-centred Community health: an evolving understanding 1978



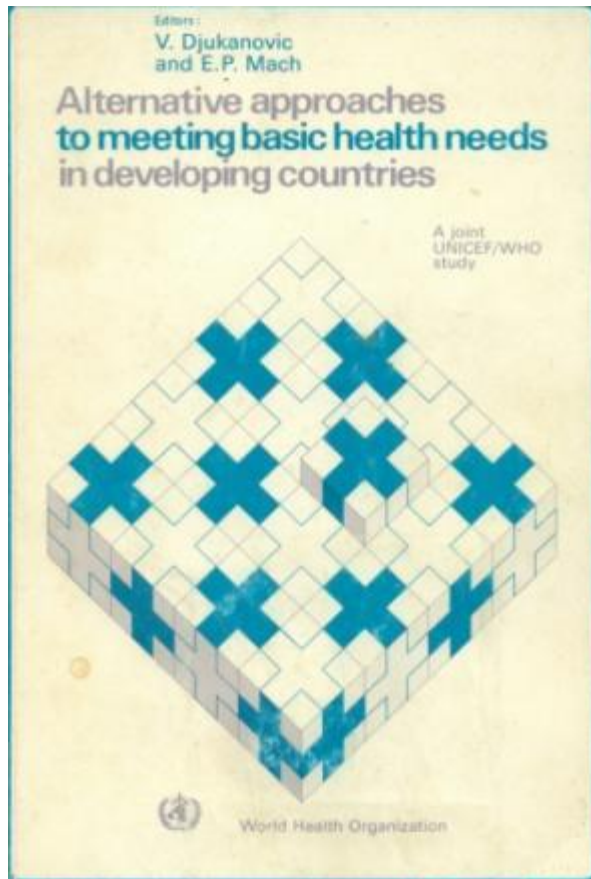
WHO and UNICEF Study, 1977 -- I Case Studies from all over the World



- Cuba
- China
- Tanzania
- Venezuela
- Nigeria
- Ivanjica,
Yugoslavia
- Savar, Bangladesh
- Jamkhed, India
- Maradi, Niger

WHO and UNICEF Study, 1977 - II

Principles to achieve primary health care:



- **Communities should be involved in the designing, staffing, and functioning of their local primary health care centres and in other forms of support.**
- **The primary health care workers should be selected when possible by the community itself or at least in consultation with the community**
- **Respect for the cultural patterns and felt needs in health and community development of the consumers.....**

People Centered Primary health care - Alma Ata -1978 -III

The Primary Health Care Movement towards Health for All by 2000AD **Alma Ata, 1978**



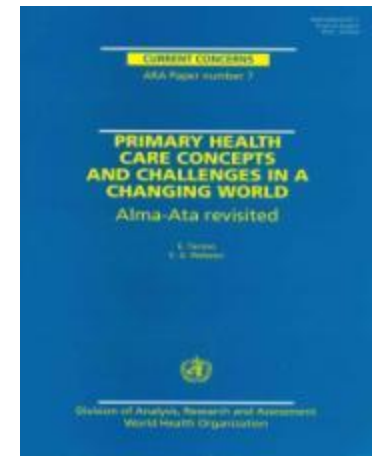
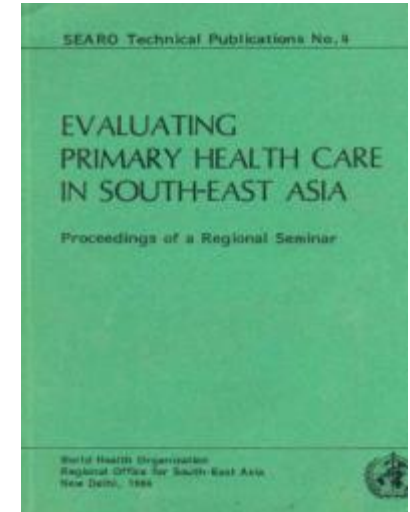
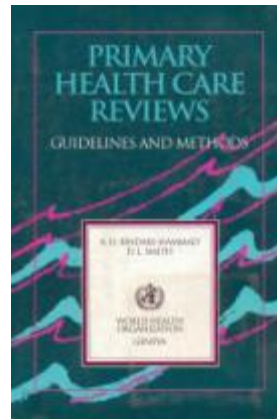
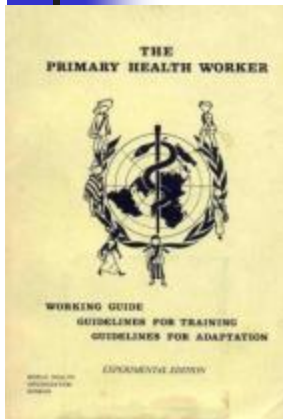
The International Conference on Primary Health Care calls for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world by the year 2000.



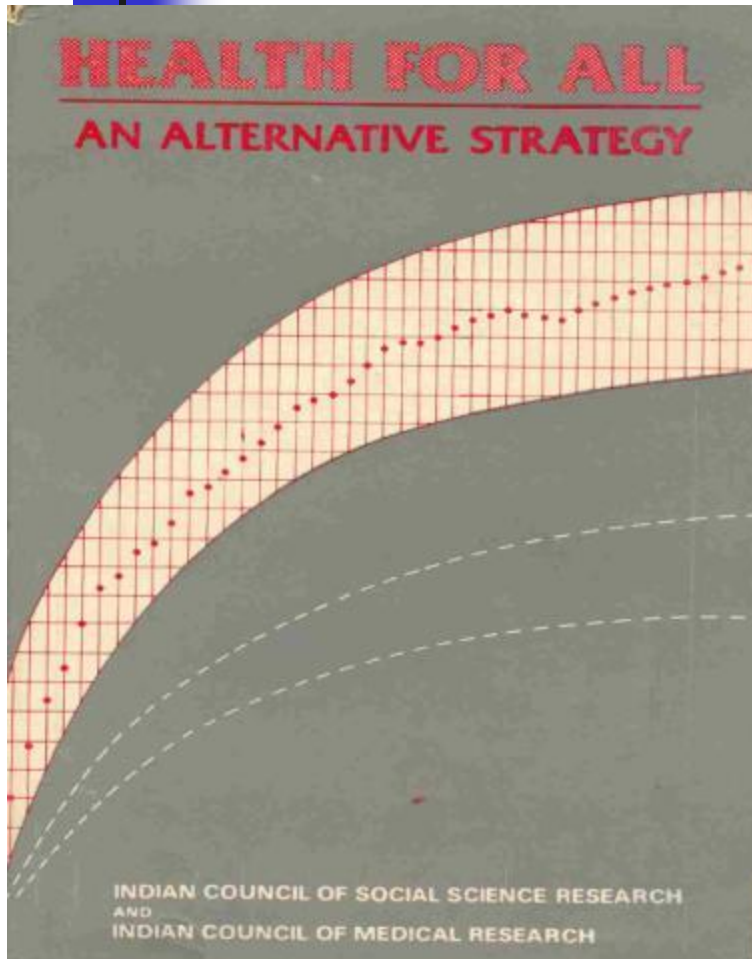
The Alma Ata Declaration- 1978

- **“The People have the right and duty to participate individually and collectively in the planning and implementation of their health care.....**
- **Primary health care requires and promotes maximum community and individual self reliance and participation in the planning, organization, operation and control of primary health care, making fullest use of local, national and other available resources: and to this end develops through appropriate education the abilities of communities to participate”**

People Centred Primary health care- evolving guidelines



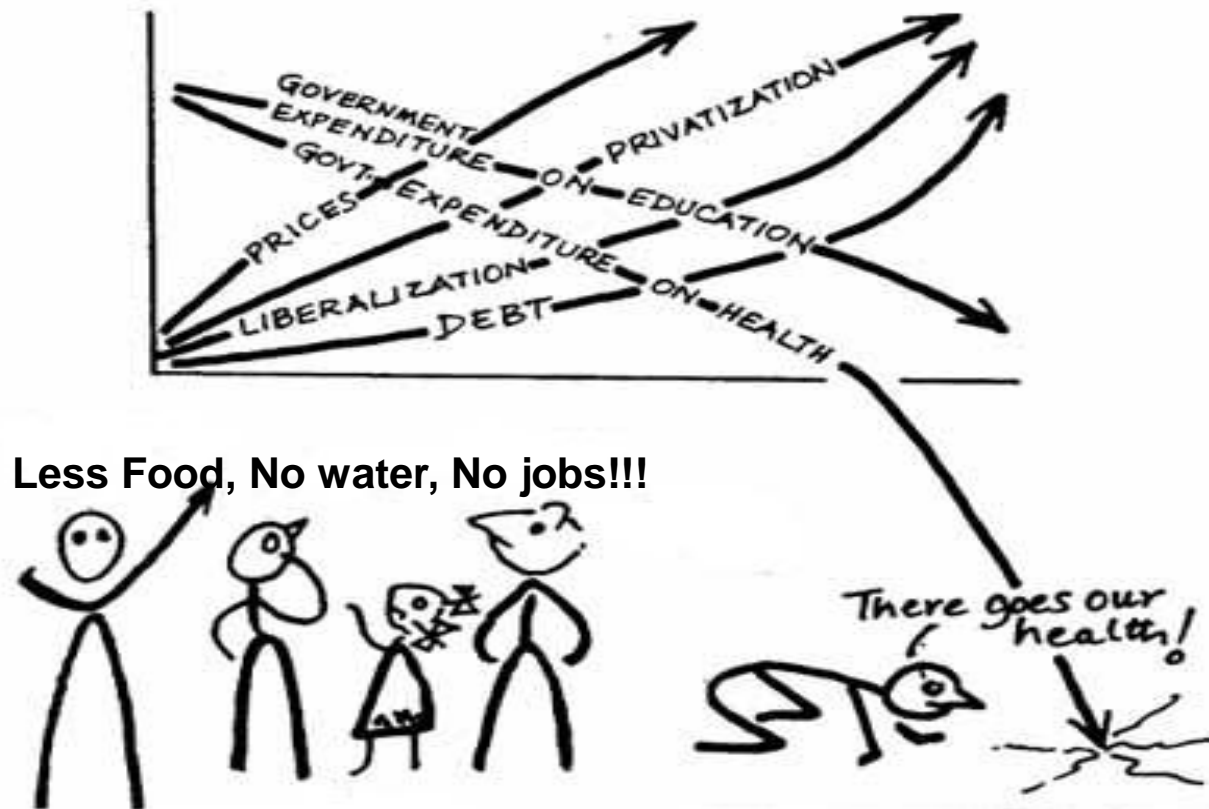
Health for All – The Prescription for a mass movement (India 1981)



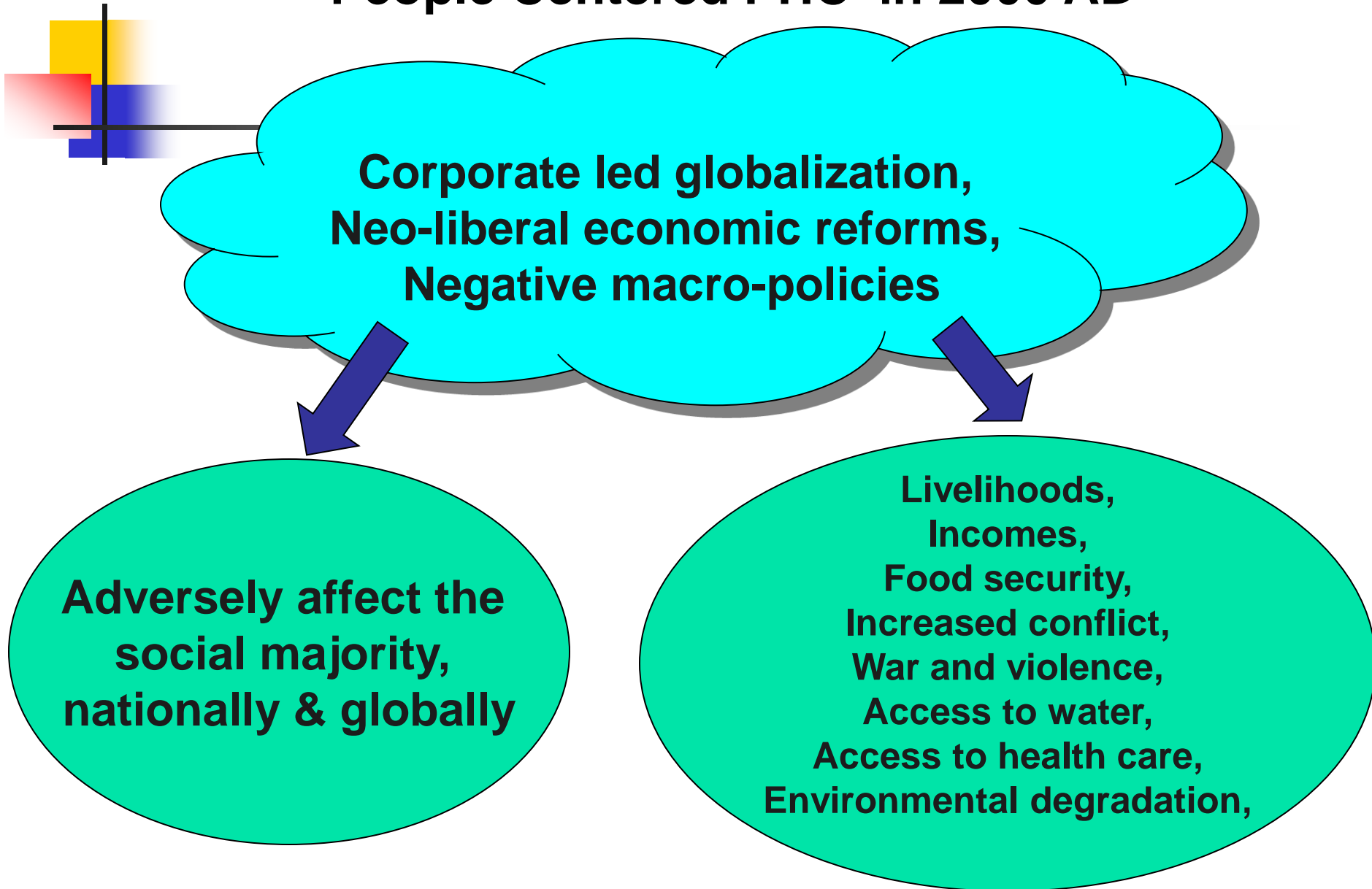
- **Reduce Poverty inequality and spread education.**
- **Organise poor and underprivileged to fight for their basic rights**
- **Move away from the counter productive Western model of health care and replace it by an alternative based in the community**
- **Provide community Health volunteers with special skills, readily available, who see health as** a social function”

Source: ICSSR- ICMR Report 1981

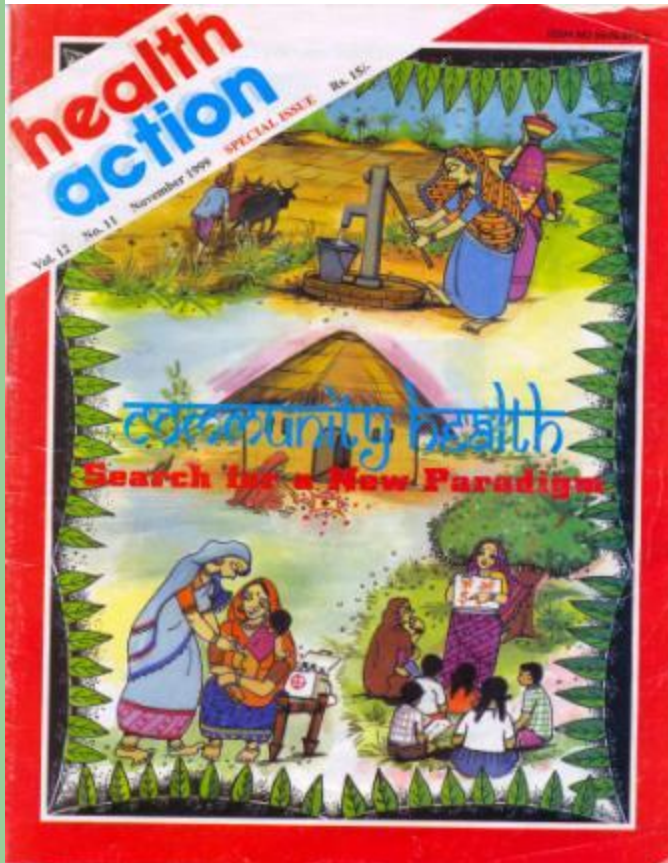
Listening to the people!



The New Challenge to Primary Health Care and People Centered PHC in 2000 AD



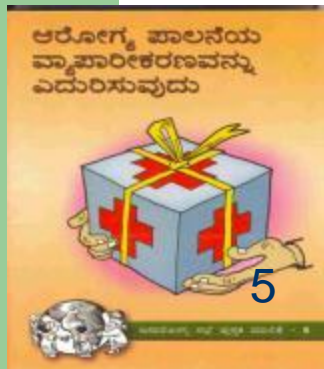
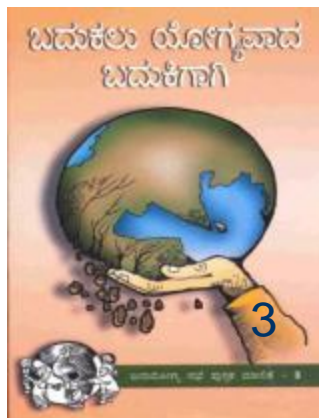
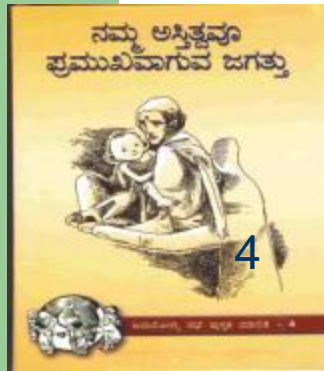
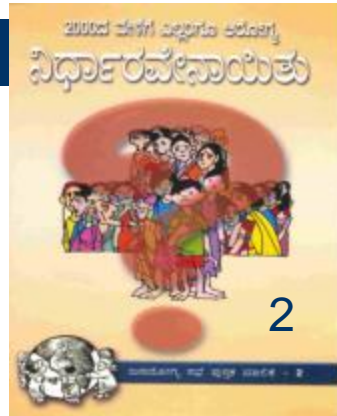
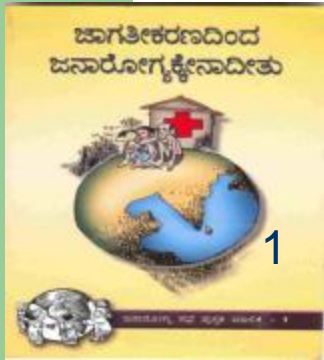
The New Community Health Paradigm



- “Community health is a process of enabling people, to exercise collectively their responsibility to their own health and to demand health as their right
- What is needed is a strong countervailing movement initiated by health and development professionals and activists, consumer and people’s organizations that will bring health care and medical education and their right orientation high on the political agenda of the country

source: the CHC 1986 /1999

The People's Health Resource Books in India -2000AD



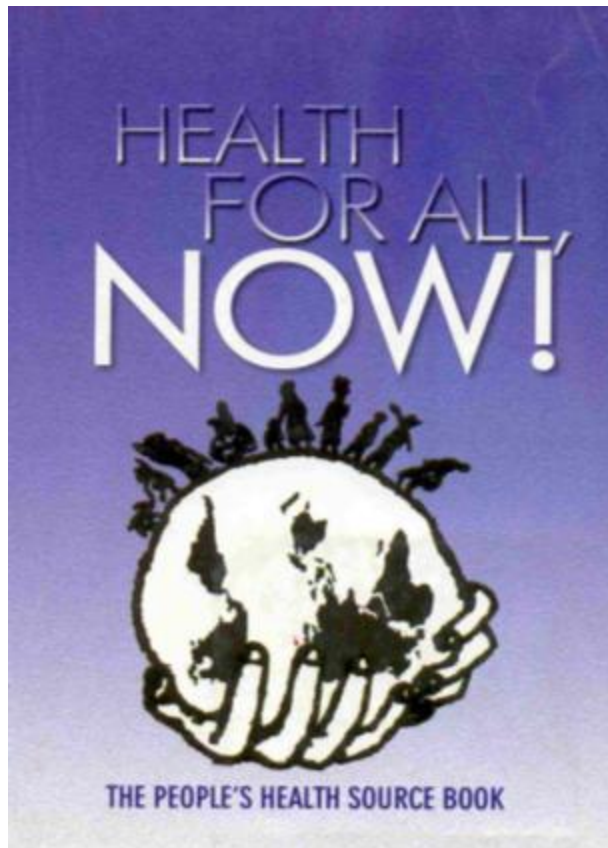
“These books are the best expressions of primary health care concepts and its politics that I have ever read. They are the bible of primary health care, a glorious milestone on the tortuous road to primary health care....”

Halfdan Mahler ,DG Emeritus,
WHO and Architect of the Alma Ata
Declaration.

1. Globalization and Health
2. Primary Health Care?
3. Inter-sectoral Action
4. Empowerment of the socially Marginalised
5. Confronting Commercialization of health care

INDIAN'S PEOPLE HEALTH CHARTER- DEC 2000

People's Health Assembly, Kolkata, India- 2000

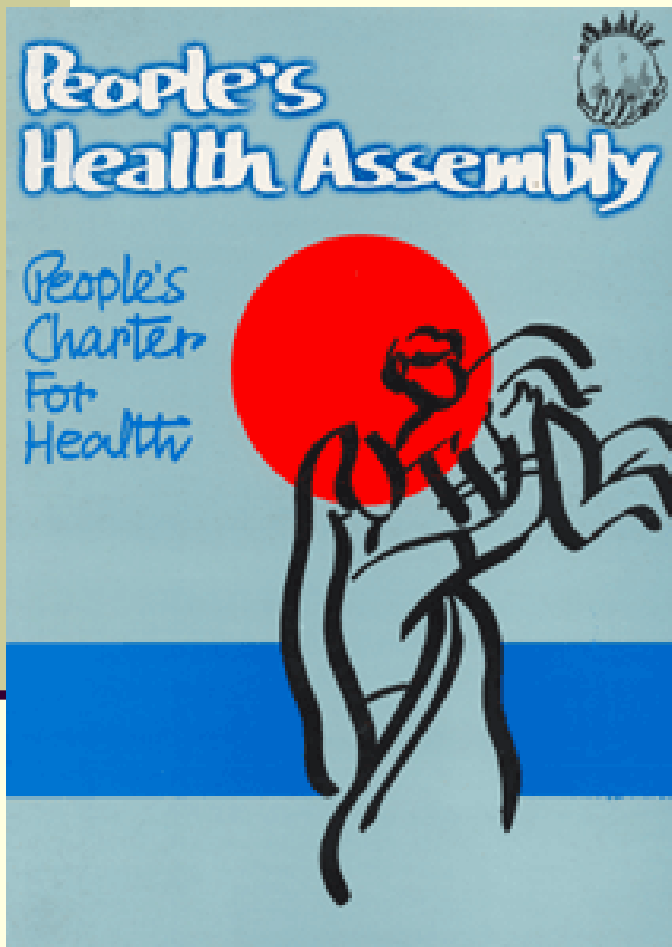


“A Health Care system which is gender sensitive and responsive to the people's needs and whose control is vested in people's hands and not based on market defined concepts of health care.....”

“..... Village level health care based on village health care workers selected by the community and supported by the gram sabha / panchayat and the government health services which are given regulatory powers and adequate resource support”.

The First Global People's Health Assembly

December, 2000

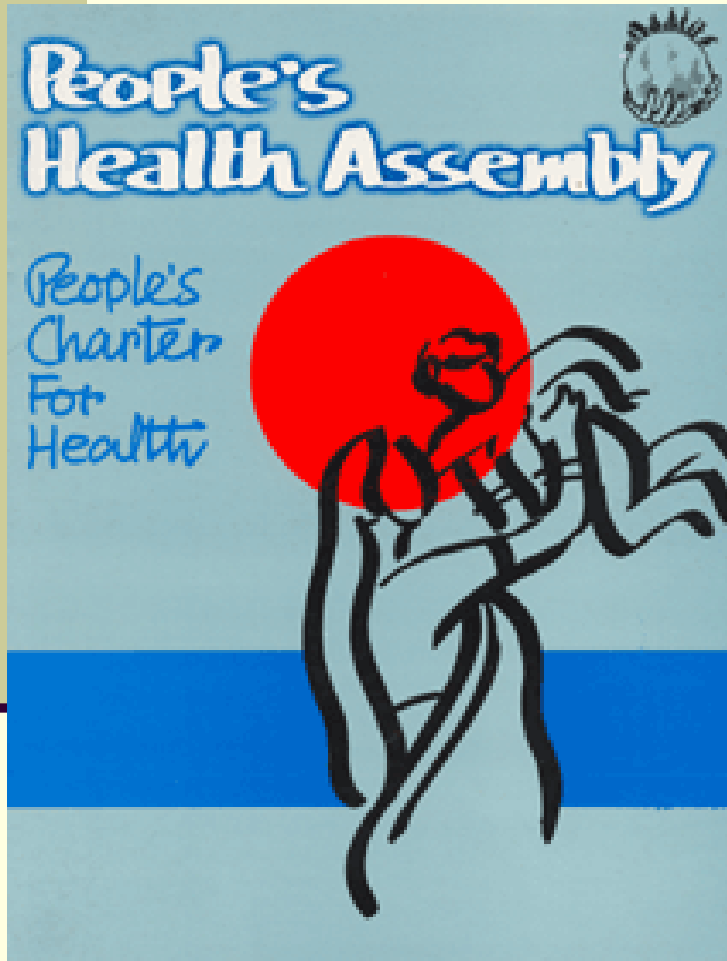


1453 participants
from 75 countries

- “The principles of Universal , Comprehensive 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 intersectoral approach to health and health care is needed.....”
- “The participation of people and peoples organizations is essential to the formulation , implementation and evaluation of all health social policies and programmes”...

The First Global People's Health Assembly

December, 2000

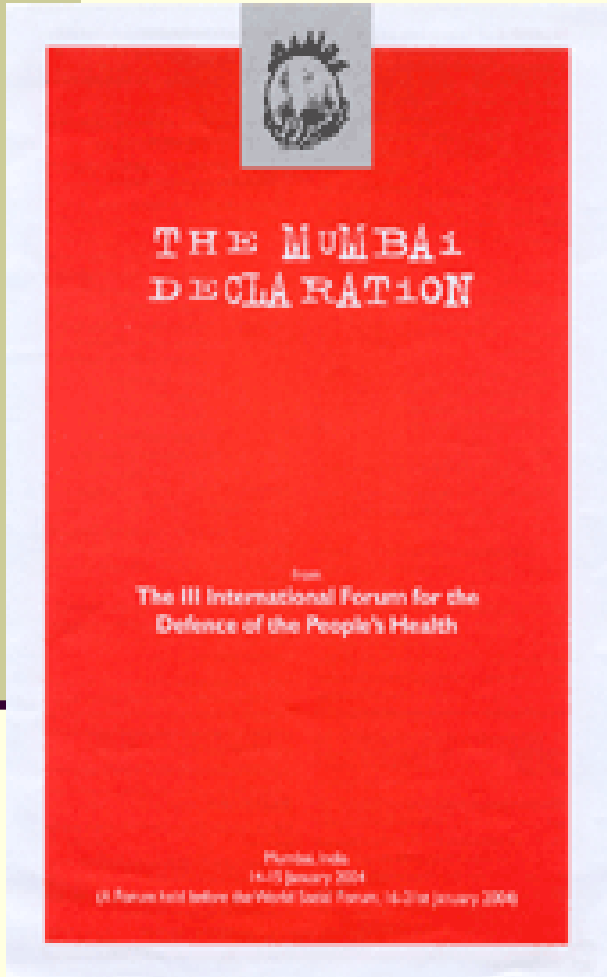


- **“Demands a radical transformation of WHO so that it responds to challenges in a manner which benefits the poor, avoids vertical approaches, ensures intersectoral work involves peoples organizations in the world health assembly and ensures freedom from corporate interests . . .**
- **Health for all means that powerful interests have to be challenged, that globalization has to be opposed, and that political and economic priorities have to be drastically changed”.**

**Translated in over 40 languages –
a real peoples document**

The Mumbai Declaration-2004

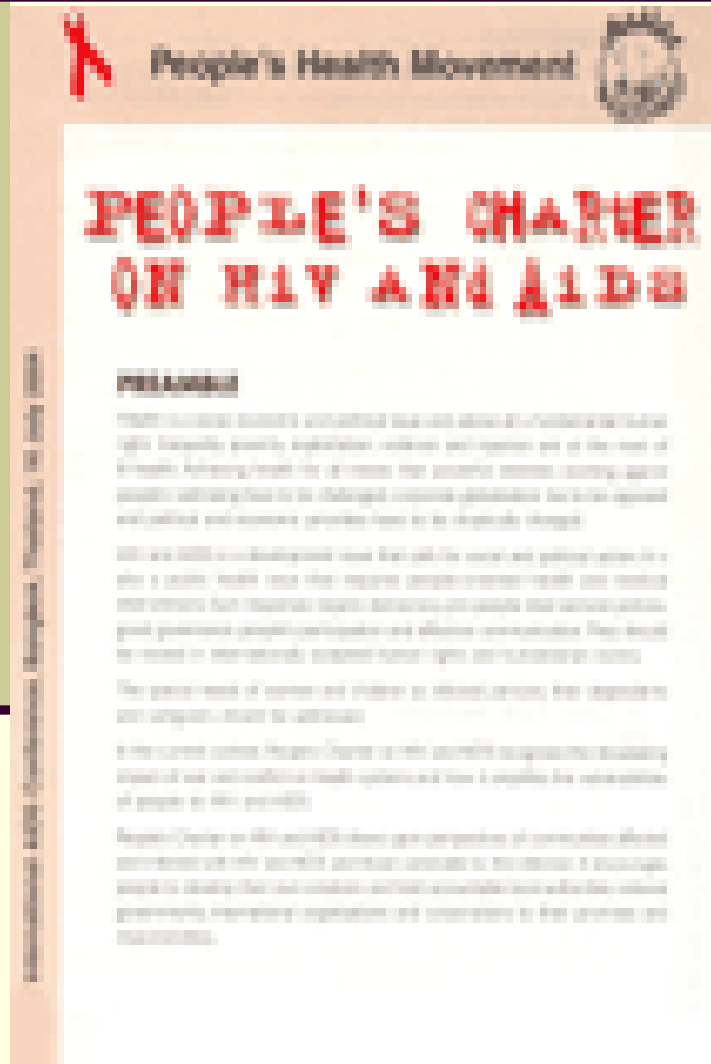
World Social Forum, Mumbai 2004



**700 delegates
from 44 countries**

- “Establish comprehensive PHC services based on the principles and strategies of Alma Ata outlined in that declaration and related to local needs and updated to address gender, environment, disability, mental health traditional systems and other issues
- Call for Action by WHO to reaffirm the principles of Alma Ata and ensure that comprehensive approaches that focus on PHC and strengthen health systems are the basis of All WHO global and regional strategies
- Enhance involvement of people /communities and civil society in planning and proactive policy dialogue”....

People's Charter on HIV/AIDS 2004 released at Bangkok 2004



A CALL FOR ACTION

- Mobilise and strengthen the capacities of the communities in health promotion, disease prevention and care.
- Empower women and youth as key players in HIV interventions.
- Build alliances among positive peoples networks, womens movement, health and social activists, trade unions, student groups
- Governments: Enhance involvement of people and civil society in planning and implementation
- Corporate's: place people above profits
- WHO: Evolve comprehensive approach that strengthens PHC and health systems

The Second Peoples Health Assembly

Ecuador-2005



The Cuenca Declaration

STRUGGLE FOR COMPREHENSIVE PHC AND SUSTAINABLE QUALITY, LOCAL AND NATIONAL HEALTH SYSTEMS:

- **“PHM calls upon governments to implement comprehensive community based PHC initiatives that en-role or involve relevant sectors and are supported by legislation**
- **PHM commits to gathering within its movement, positive experiences of comprehensive PHC to build up the evidence base that supports such an approach and to undertake concerted advocacy for its revitalization..”**

Right to Health Movement : India 2003

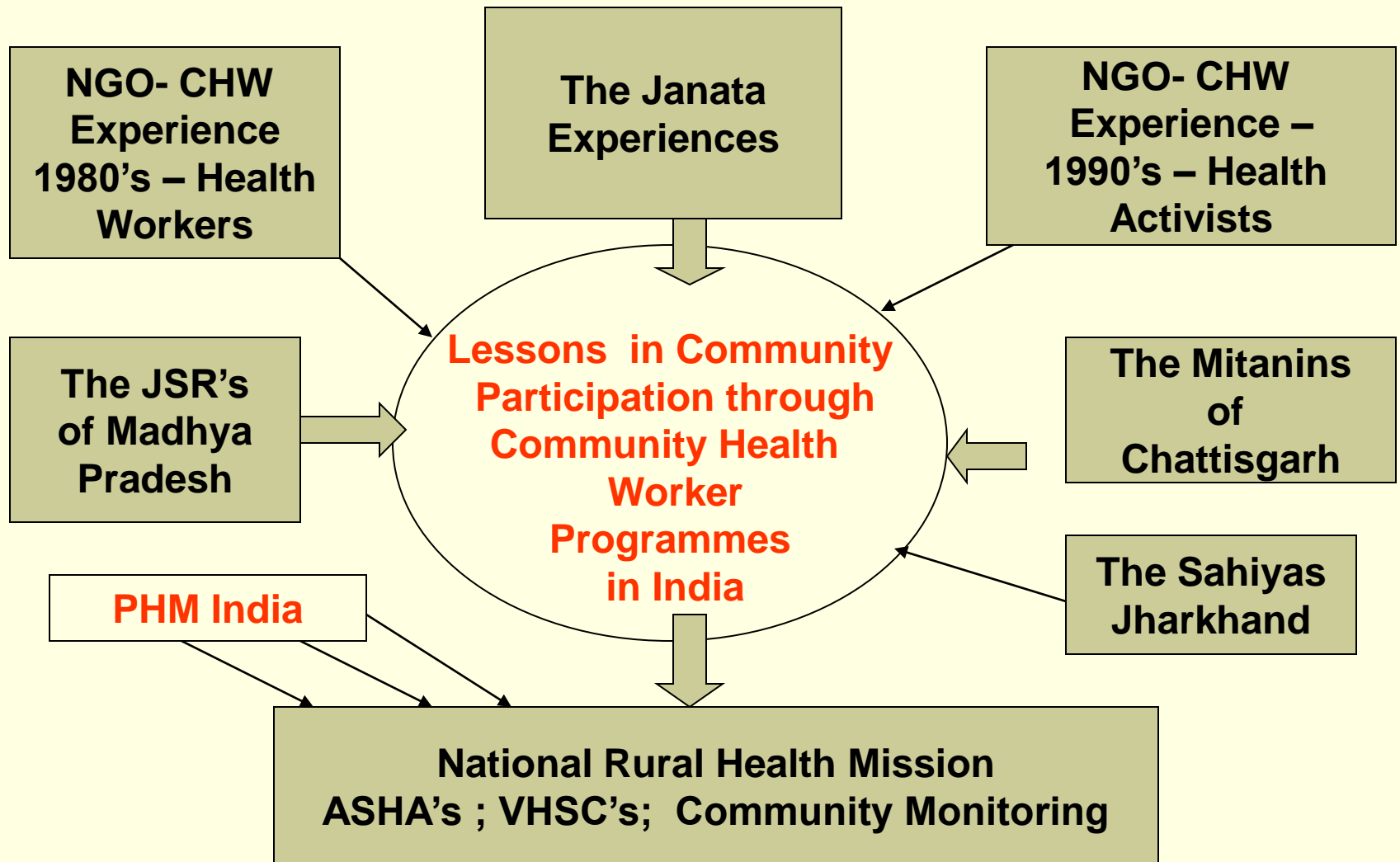
Primary health care and Health for All



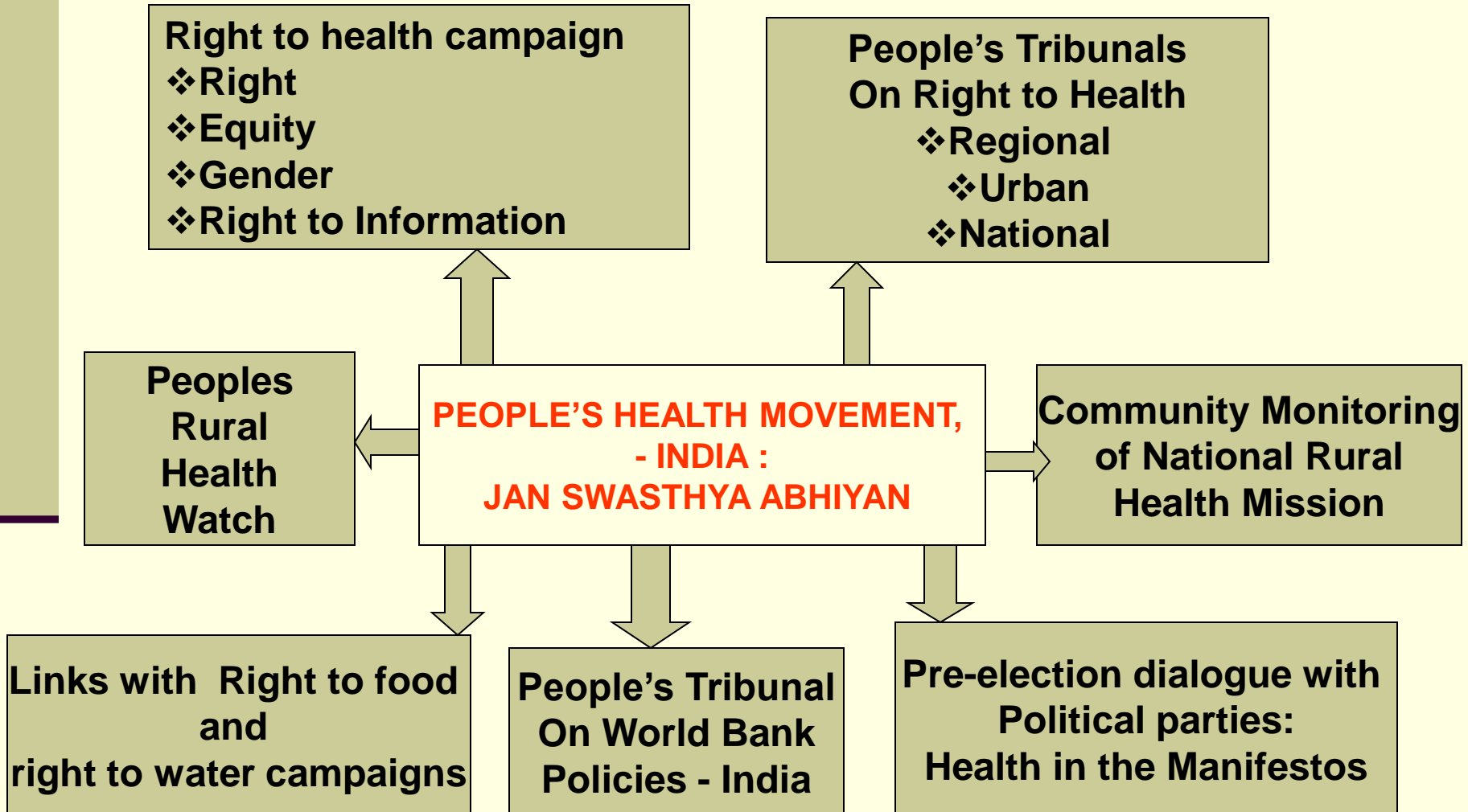
Globalization of health solidarity from below - IX



Rediscovering CPHC, Community Participation and Civil Society engagement , India



Redefining People centered PHC by Civil Society in India 2000-2008



National Rural Health Mission 2005-2012

- Evolving through the engagement with civil society



राष्ट्रीय ग्रामीण स्वास्थ्य मिशन

(2005-2012)

10th APR

Goal:

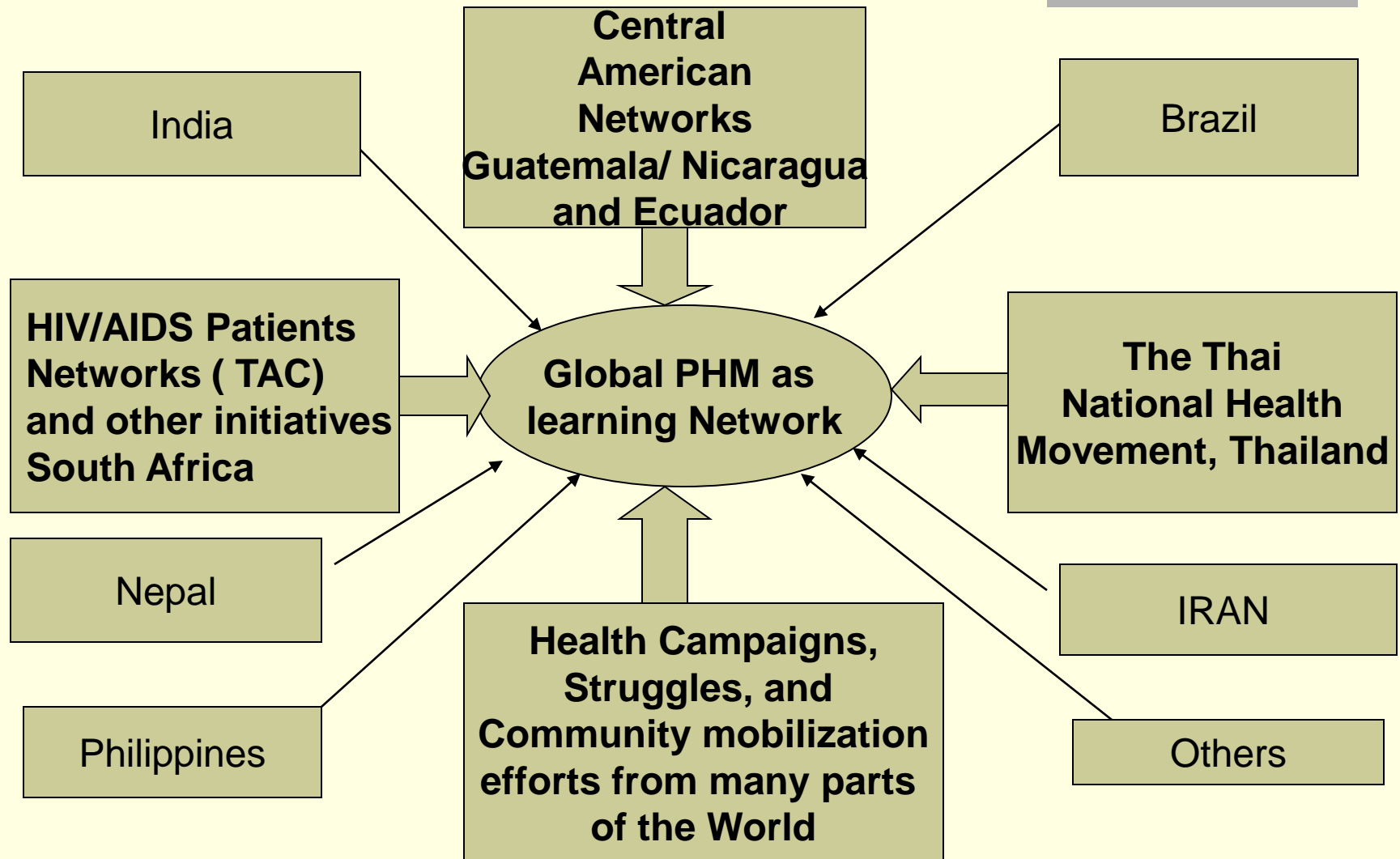
- To improve the **availability** of and **access** to **quality** health care by people, especially for those residing in rural areas, the poor, women and children

Principles:

- It seeks to **improve access** to equitable, affordable, accountable, and effective primary health care.
- It has as its key component provision of a **female health activist** in each village; a **village health plan** prepared through a local team headed by the **village health and sanitation committee** of the panchayath.
- Train and enhance capacity of **panchayathraj** institution to own, **control and manage public health service.**

(A national people centered PHC initiative)

Redefining People centered PHC— Experiences from the Global South

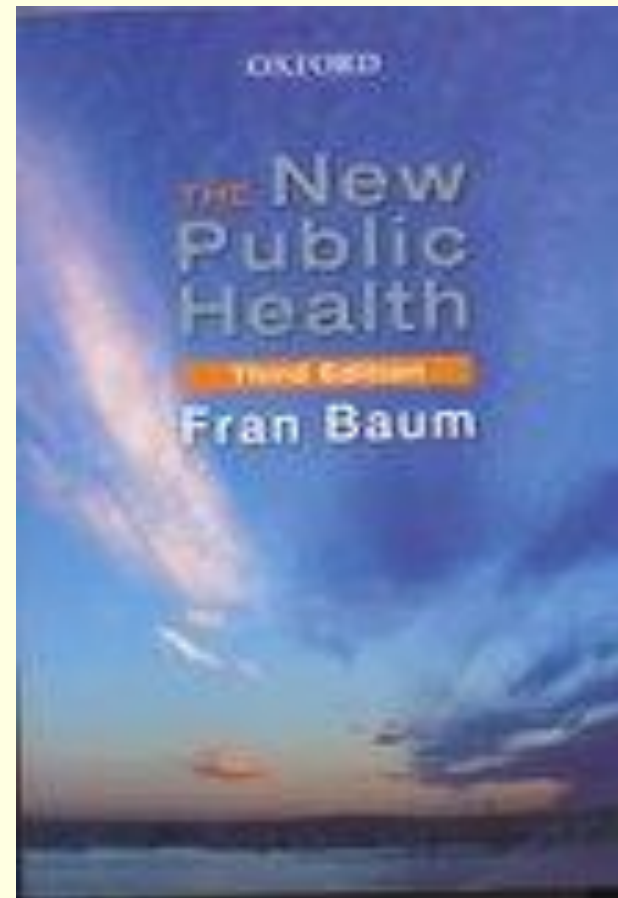
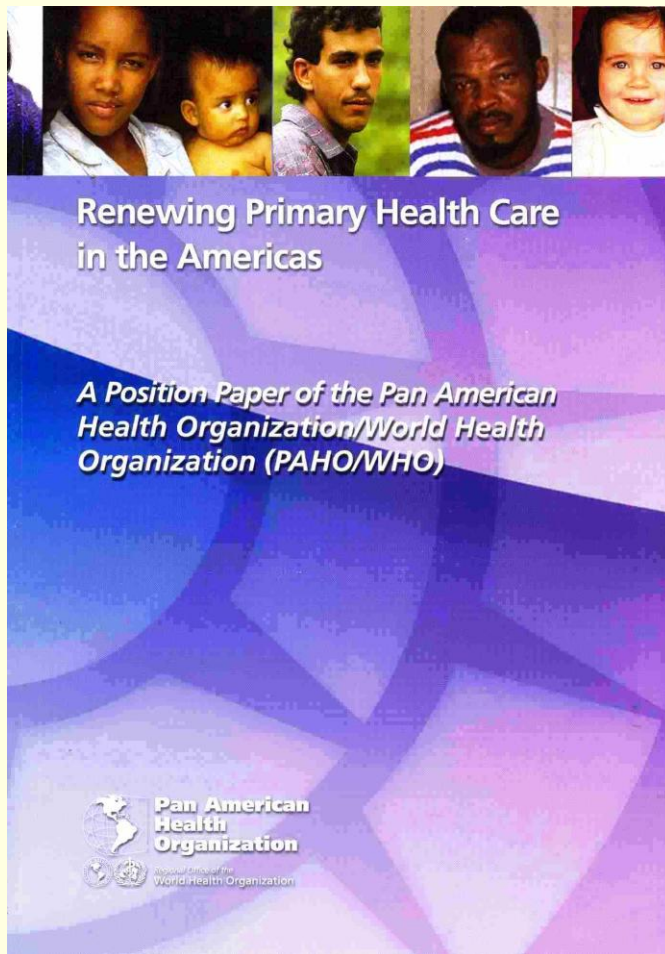


PEOPLE CENTRED PHC – RECOGNISING THE PARADIGM SHIFT – 2000AD and beyond

Approach	Biomedical, deterministic, techno managerial model	Participatory social/ community model
Link with community	As passive client or beneficiary	As active and empowered participant
Dimensions Explored	Physical and technical (Mostly Medical)	Psycho- social, cultural, economic, political, ecological (intersectoral)
Focus of Participation	Resources, Time/ Skills	Leadership, Ownership, direction setting, Monitors.
CHW Role	Service provider, educator, organiser, data collector	Mobilisor, activist, empowerer, social auditor, monitor.
Research Policy	Community participation as means Patient Centredness and market /system orientation	Community participation as ends People centred Empowerment strategy as the central theme

Source: CHC 2008

Recognising the New Paradigm of People-centred PHC: values, community participation and empowerment



People - centered primary health care - according to WHO-DG's

- **Unless we all become partisans in renewed local and global battles for equity, we shall indeed betray the future of our children and grand children**

- Mahler, H, WHA, May 2008

- **Grass roots movements are enormously important in the health field. These movements bring the views feelings and expressions of those who really know. We need to hear the voices of the community...**

- late Dr. Lee, WHA, May 2004 (to PHM reps)

- **With the emphasis on local ownership, primary health care honored the resilience and ingenuity of the human spirit and made spaces for solutions created by communities, owned by them and sustained by them... not surprisingly the report on CSDH champions primary health care as a model for a health system that acts on the underlying social, economic and political causes of ill health**

-Margaret Chan, DG WHO, Lancet Editorial, Sept 2008

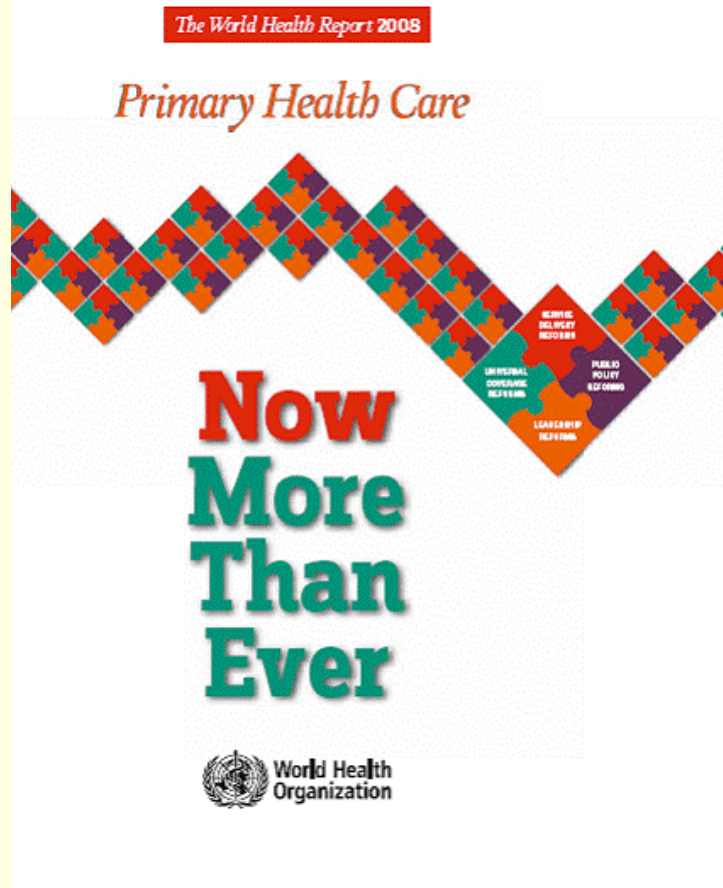
People - centered primary health care - recognizing the new paradigm

- Listening to the voices of the people and the community!
- Emphasising local ownership of Primary Health Care!
- Making spaces for solutions created, owned, and sustained by communities!
- Becoming partisans in local and global battles for equity!

- according to the WHO DG's

Is any one including WHO listening?

Towards a new paradigm of People - centered PHC :Mobilising the participation of the people (last page of the report?)



- “Where reforms have been successful, the endorsement of PHC by the health sector and by the political world has invariably followed on rising demand and pressure expressed by civil society”
- **Thailand** –Thai reformers joined a surge in civil society pressure
- **Mali** –sustained extension by local community health associations”
- **Chile** - agenda of democratization”
- **India** – Strong pressure from civil society and the political world”
- **Bangladesh** - pressure for PHC from quasi public ngo’s”
- “Countries need to demonstrate their ability to transform their health systems in line with changing challenging and rising popular expectations. That is why we need to mobilise for PHC now more than ever”

Source: Page 110-111

PEOPLE'S HEALTH MOVEMENT

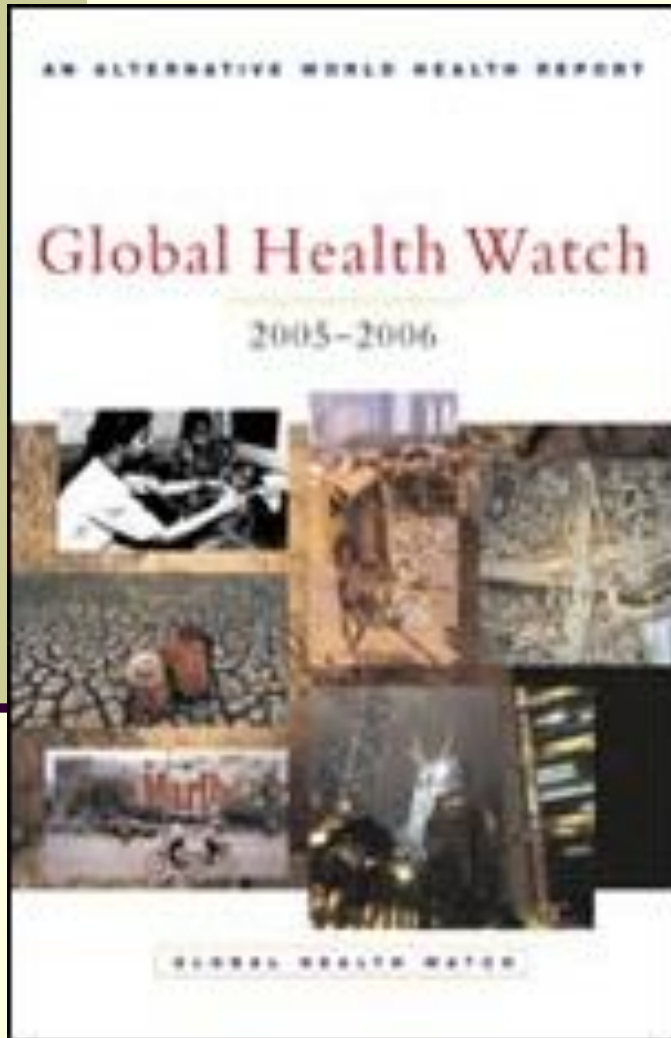


Committed to Health for All and Comprehensive Primary Health Care through an Equity, Rights, Gender, and Social determinants perspectives

The Peoples Health Movement (PHM) is a large global civil society network of health activists supportive of the WHO policy of Health for All and organised to combat the economic and political causes of deepening inequalities in health worldwide and revitalise the implementation of WHO's strategy of Primary Health Care.

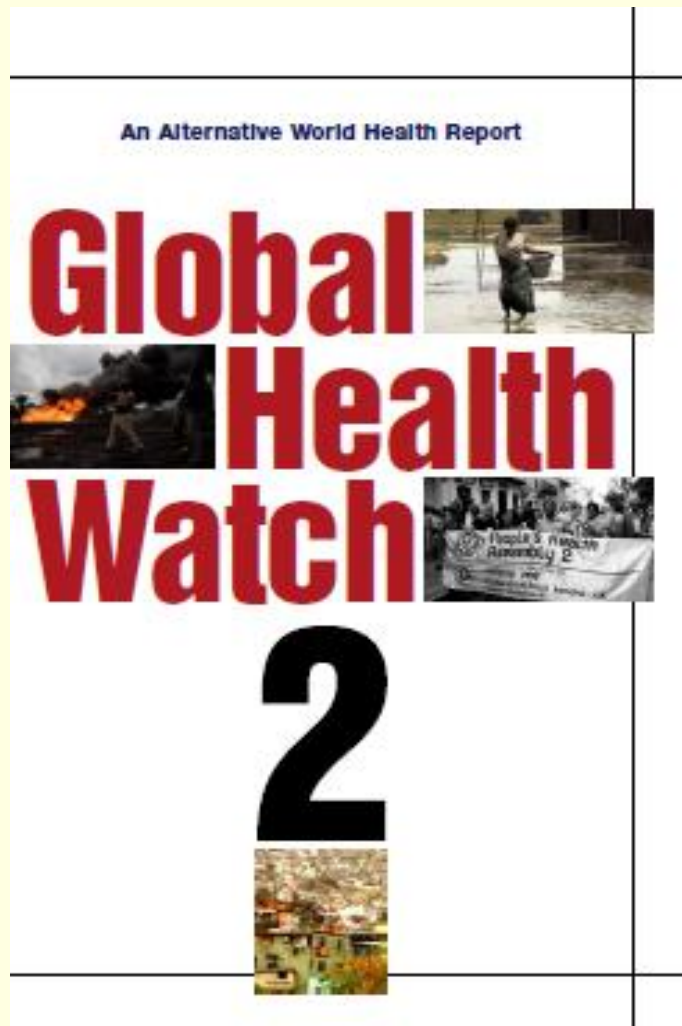
www.phmovement.org

GHW-I: First Alternative World Health Report: Released at Cuenca, Ecuador – July 2005



- **“The spectrum of appropriate community involvement includes community mobilisation to assert rights, challenge policy and present alternatives; monitoring of services of communities; involvement of in planning and decision making; an involvement in the implementation of PHC programmes and services**
- **Appropriate community involvement should also be enhanced by health care systems through effectively empowered community structures and forms, as well as by inculcating a culture of consultation and respect for lay people.....”**

GHW-2: the second Alternative World Health Report to be released in London – 16 October 2008



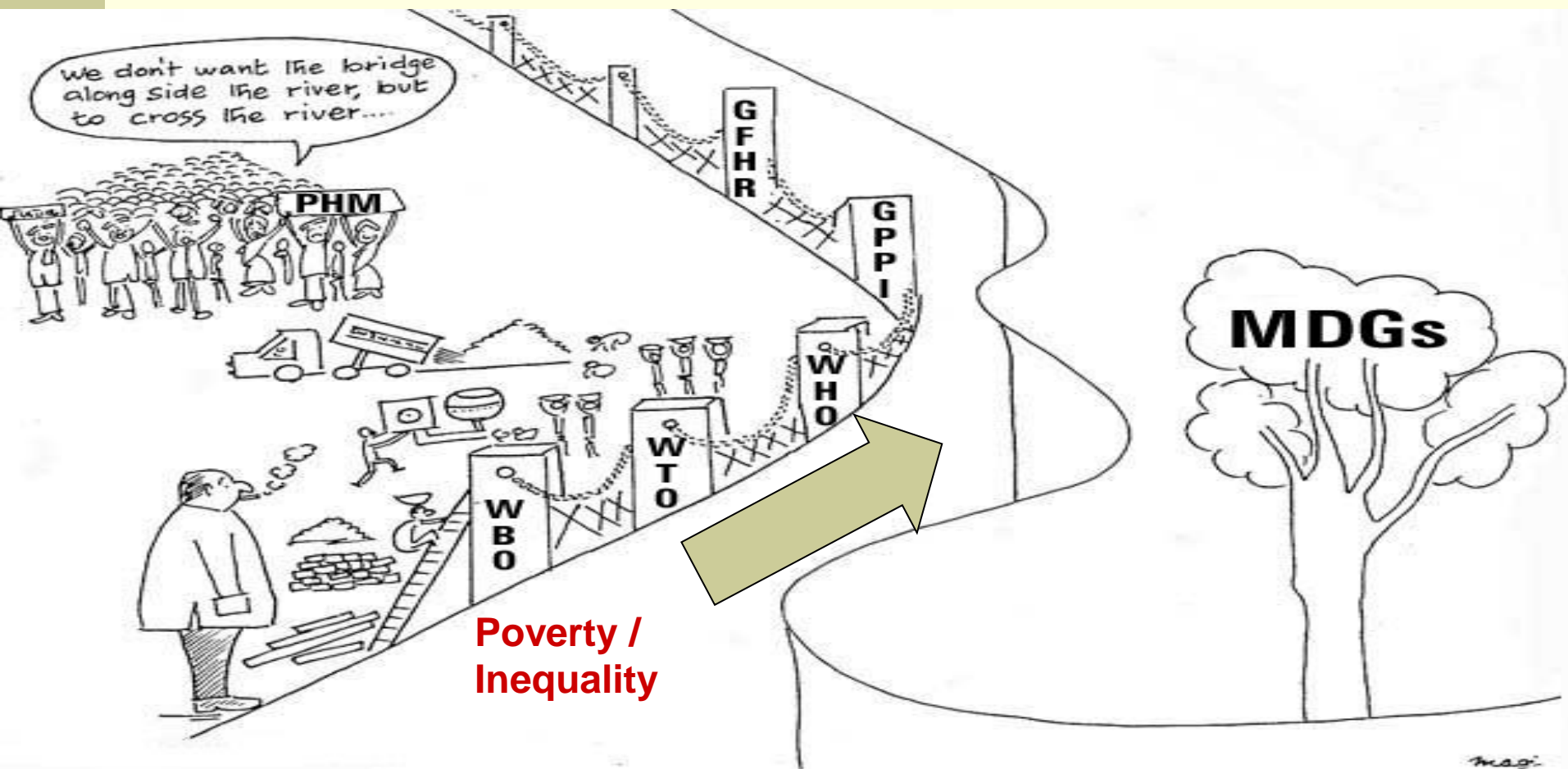
**Inspiration, courage and resistance
– a new understanding of people
-centred PHC**

- 1. Political and Social Action against theft of land and water**
- 2. Right to health care campaigns**
- 3. Movements for food sovereignty**
- 4. Community Partnerships to improve water and sanitation**
- 5. Campaigns for Access to Essential medicines**
- 6. Campaigns for health and health care of vulnerable groups**

**Primary Health Care as a
Health for All Movement !**

ALMA ATA - 30 YEARS ON

People - centred PHC - The policy imperative of the future!



**Building the bridge through People-centredness:
Are we ready?**

PHM Call for Action – 1 (16 October 2008)

Comprehensive Primary Health Care Comprehensive Primary Health Care

- **CPHC remains an Essential Tool to Achieve “Health for All”**
- **CPHC approach articulated in the Alma Ata Declaration in 1978, remains as relevant today as it was 30 years ago.**
- **It was never been implemented to reflect its true spirit which is the need for a new international economic order to ultimately solve inequities in health.**
- **A CPHC policy for 2008 needs renewed commitments that should affirm and consolidate the fundamental positions of thirty years back plus take into account the new emerging realities.**

PHM Call for Action – 2

(16 October 2008)

It must;

- **include not only the primary level of care, but also public health interventions, health promotion and a working referral system to secondary and tertiary levels of care;**
- **be adequately financed through public sources, so as to ensure universal and equitable access;**
- **address the socio-economic injustice to ensure systems of health care provide equitable access and care according to need;**
- **through action across sectors, resolutely address the social, political, economic and environmental determinants of health and not just be limited to health care;**

PHM Call for Action – 3

(16 October 2008)

It must;

- **empower communities, especially, the most disadvantaged and marginalized, so that they can act as protagonists in improving their health and their livelihoods;**
- **use technology in a manner that is sensitive to local needs and contexts;**
- **combine traditional and modern medicine to maximize benefits to patients; and**
- **embed policies and interventions in the human rights framework with a special focus on the rights of women and children.**

For further information visit

www.sochara.org

www.phm-india.org

www.phmovement.org

www.ghwatch.org

<http://www.phmovement.org/iphu/>

<http://mohfw.nic.in/NRHM.htm>