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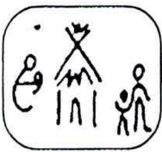

Seeking New Paradigms in Health and Health Research

An Overview of the CHC Journey 1984-2008

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Evolving Ideas and Action towards a New Paradigm

The Community Health Cell (CHC) initiated in 1984 by a group of us in Bangalore started with the premise of building and strengthening a community health movement in India. This was an idea in formation that grew over the years. We chose not to establish a community health programme in a limited geographical area, but to be catalysts for community health among different sectors. We defined our community as community health and development practitioners, social activists, health workers, academics and researchers and those working in the health system. Thus it had as much diversity and complexity as most communities. The team also worked directly with both rural and urban communities.

Study, reflection and action marked the first seven years of work by the CHC team and friends. Networking and experimentation with alternative methods of teaching-learning and research were used to promote community health action with a wide range of partners. This included building links with NGOs, institutions, and national organizations in the voluntary sector such as the Medico Friends Circle (MFC), CHAI (then called the Catholic Hospital Association of India), the Christian Medical Association of India (CMAI) and the Voluntary Health Association of India (VHAI). Through collective work we hoped to strengthen the critical mass of organizations and individuals keenly interested to improve the health status of people in India, with a focus on the social majority, the poor.

This required a shift (*See Box*) from an individual-

The Paradigm Shift

Approach	Biomedical deterministic research	Participatory social/ community research
Focus	Individual	Community
Dimensions	Physical/pathological	Psycho-social, cultural, economic, political, ecological
Technology	Drugs/vaccines	Education and social processes
Type of service	Providing/ Dependence creating / Social-marketing	Enabling/empowering autonomy building
Link with people	Patient as passive beneficiary	Community as active participant
Research	Molecular biology, Pharmaco-therapeutics, Clinical Epidemiology	Socio-epidemiology, Social determinants, Health systems, Social policy

oriented curative and preventive health approach to a broader approach and resulted in the articulation of a Social Paradigm in Health. The individual person was always important but there was a need for a larger societal shift in power structures and in mechanisms of functioning for the dignity of the last person to be respected and for his/her health to be protected and promoted.

An internal-cum-external evaluation after the six-year experimental phase recommended the continuation of the work through a process of institutionalization. The Society for Community Health Awareness, Research and Action (SOCHARA) was thus registered in 1990. Another reflection evaluation in 1998 committed CHC-SOCHARA to building a broader alliance for health with a social justice perspective across sectors, and to developing teaching programmes with innovative methods so that a larger number of young professionals and activists from multi-disciplinary backgrounds could be oriented and supported to work in community health and public health.

Over the years, our understanding of the underlying health determinants deepened. Our research studies (listed later) and other involvements helped in our analysis of the health situation, leading to varied forms of public health engagement. The need for collective global action to address macro-policies that adversely affected health became clear. We, therefore, became actively involved in the International Poverty and Health Network established by WHO and in WHO meetings on health and equity. More significantly CHC-SOCHARA became very involved in preparations for the first global People's Health Assembly (PHA) held in December 2000 in Gonoshasthya Kendra, Savar, Bangladesh. This included participation in the conceptualization, planning and mobilization for the PHA in India, along with many other networks with whom links had been established over several years. Around 2500 health professionals and health and development activists were mobilized in four peoples' health trains to attend the first Indian National Health Assembly in Kolkota, in November/December 2000, where the Indian People's Health Charter evolved. *(see www.phm-india.org)*. This was followed by over 250 health professionals and activists attending the first global People's Health Assembly PHA-1 in Savar, Bangladesh, in December 2000. Around 1400 people from 75 countries attended this assembly and adopted the *People's Charter for Health* which became a manifesto and a rallying document for constructive and critical health action at community and policy levels.

CHC-SOCHARA continued proactive involvement in the evolving and expanding Peoples' Health Movement (PHM) in India and globally. The global PHM secretariat was hosted by CHC from 2003-2006 *(see. www.phmovement.org)*. During this phase, the PHM secretariat also organized several advocacy events at the annual World Health Assemblies: the International Health Forum, at the World Social Forum at Mumbai in January 2004; the second People's Health Assembly at Cuenca, Ecuador in July 2005 and the first of many events of a new International People's Health University, linked to the global Peoples Health Movement. *(see http://www.phmovement.org/iphu/)*

Enlightened and spurred by our studies on health policy processes, organizational engagement with the state also increased in the decade 1998-2008. This focused on health policy and the strengthening of health systems using a comprehensive primary health care approach. Work has been done with the governments of Karnataka and Orissa, with the National Rural Health Mission, with WHO and with UNESCAP.

A Community Health Internship and Fellowship scheme for young professionals was launched in 2003 which continues as the Community Health Learning Programme. Links with public health educational institutions were strengthened. Since 2006, we are also trying to foster a Public Health Movement in public health education and among public health professionals. Different movements flow into the larger transformative process of social change. In April 2008, on the occasion of the silver jubilee of CHC, the Centre for Public Health and Equity (CPHE) has been established by SOCHARA to take forward the health policy and research work, along with continued support to the work of other organizations in an advisory capacity. Ground work is also being done for a Community Health Fellowship programme in Madhya Pradesh.

Engagement in Health and Health Research from a Civil Society Perspective and Base

The founding group of CHC held faculty and allied positions in the Department of Community Health in a leading medical college in South India before setting up CHC. With this academic background, we continued teaching, research and practice of Community Health through CHC but based on the social paradigm, with alternative methods and with a clear focus on contributing consciously to social change processes. Some of the major studies that we were involved with include:

- As conveners of the Medico-Friend Circle (mfc), we supported community-based studies after the Bhopal industrial disaster, taking the findings back to people.
- A two-year study of the *'Social Relevance and Community Orientation of Undergraduate Medical Education'* using multiple methods (including a literature review; feedback from young professionals; questionnaires and visits to colleges; and learning from community health projects) was conducted and followed up subsequently with the State Health University, government and some educational institutions over the years.
- CHC undertook the *golden jubilee evaluation of the Catholic Hospital Association of India (CHAI)* having 2500 health institutions spread across India then (3271 today). This was a participatory study with several components. As part of the Policy Delphi, study of future trends was done in 1991-92. A questionnaire to all members, and field visits to a 20% sample of around 400 institutions was done by forty trained investigators. Follow-up discussion meeting were held with 13 sub-groups among the membership and with regional groupings. The Association changed its name from 'hospital' to 'health association' and the Constitution was also reviewed and renewed. The bio-medical to health paradigm shift was accelerated. Community health work which had already been initiated was further strengthened by CHAI.
- A *health policy analysis of policy process and implementation factors* was undertaken as a doctoral study using the National TB programme as a case-study. This fed into our subsequent work with state governments in Karnataka, Orissa, Madhya Pradesh, and Chhattisgarh and with the federal government through the National Rural Health Mission which was launched in 2005. This also led to a two-pronged approach of strengthening the PHM and engaging with the WHO.
- CHC supported *environmental health studies* through a loose network that emerged around 2001. Team members continue to work in this area.
- A pilot study for the *health inter-network project* (HIN) was initiated by WHO.
- *Evaluation studies* were done of the *Jan Swasthya Rakshak* (Community Health Worker) programmes in Madhya Pradesh and of the *Mitanin* programme and State Health Resource Centre in Chattisgarh.
- CHC has also been a key contributor to the planning and evolution of the *Global Health Watch – I (2005)* and also a contributor to *Global Health Watch-II 2008. (http:/www.ghwatch.org).*
- *International studies* that we collaborated with included a study coordinated by WEMOS in the Netherlands on *Global Public Private Initiatives in Health.*
- Currently, we are the Asian hub for a study on *"Revitalizing Health for All – Learning from Comprehensive Primary Health Care".* This study is supported by the Teasdale Corti project with the co-principal applicants/investigators being in the Universities of Ottawa, Canada and Western Cape, South Africa. It has a strong PHM presence of persons from the PHM Research Circle of which CHC is also a part.
- CHC members are part of the Global Forum for Health Research; the Measurement and Evidence Knowledge Network of the WHO Commission on Social Determinants of Health; the programme committee of the Bamako 2008 Global Ministerial Forum on Research for Health Development and Equity.

All the studies mentioned above were done based in the non-state civil society sector which offered a lot of freedom. Links were maintained as appropriate with government, academic institutions, NGOs and a number of individuals. What we consciously did not get into was publishing in mainstream journals by and large (though there have been some publications). We published reports for circulation locally where decisions and action were required. We have also introduced local language publications.

Enablers and Barriers to Civil Society Engagement in Health and Health Research

- Visionary, progressive, leadership in the civil service and the political establishment and in organizations provided valuable policy space for health research and its follow-up. With mutual trust and respect and contributions of time and effort from all sides a positive synergy develops. This enabling environment can be consciously built by groups who have an equity oriented, inclusive approach.
- However the sustainability of these arrangements can be fragile and short-term. Lobbies, and competing interests are always present. In environmental health research, this has led to court cases, setting up of counter expertise and other attempts to influence the policy process. However, all of this is positive as it leads to a larger public debate.

* If researchers see themselves only in their professional capacities as knowledge producers, then the studies get limited to publications and bookshelves and do not influence policy and political processes. Skills within the research teams or organizations for participatory, inter-disciplinary work, communication and engagement are required.
* An evolving system of engaged researcher's interacting and working with policy makers, practitioners, communities and civil society, transforms the knowledge production and utilization process.
* Information and communication technology when coupled with word of mouth communication at community level has been very much more productive.
* Status quo factors, a strong biomedical approach and unnecessary bureaucratic procedures are often barriers to the process of enquiry and action.
* Funding institutions and mechanisms can play a significant role in broadening the focus of health research to research for health, development and equity.
* Development of institutional capacity and human resources in research for health need to be prioritized as part of work on health and equity by all sectors including civil society. The development of civil society through public-public partnerships in the field research would help to strengthen the public health system which is essential to realize health rights.
* The provision of funds, mechanisms for professional support and legitimacy as well as institutional mechanisms to strengthen capacity and ability for sustained work by civil society-based researchers will bring in fresh perspectives from community based work.
* While qualitative research, inter-disciplinary and trans-disciplinary research, participatory action research and ethical issues in research are gaining ground, they are still relatively marginal. This needs to be reversed and balanced by pro-active policy measures. Civil society organizations can help to play a role in this.

Partnerships with Alternative Sector

"Many alternative institutions, both organized and informal, have been actively involved in public health work as well as public health capacity-building. Sometimes, they have been termed as alternative sectors. For example, in India, the following organizations, among others, have been active in public health education and training – some since the 1980s and others more recently:

- Network of Community Health Trainers: with inputs from many voluntary orgahizations, they have conducted short courses in community health development and management
- People's Health Movement
- Society for Community Health Awareness, Research and Action (SOCHARA-CHC)
- Centre for Enquiry into Health and Alternatives (CEHAT)

The list can be enriched by examples from other countries as well as with more examples from India. These organizations have become active in public health development due to dissatisfaction with the existing government-owned Public Health Institutions, usually run by conventional Preventive and Social Medicine Departments, and also having low status for public health and increasing inequity and social exclusion. A wave of community health NGO movements has taken place to try alternative experiments and actions, and to build capacity from communities and grass-roots workers.

Unless the national apex institutions or schools of public health recognize these alternative sectors as strong resources and involve them in training and research, a large portion of creative energy in public health will remain untapped."

Source: South-East Asia Public Health Initiative 2004-2008, WHO-SEARO

Dialogue between Mainstream and the Alternative: The Challenge Ahead

Since 1998 in particular, CHC has begun a new journey of interacting with mainstream public health, community health and preventive and social medicine or community medicine departments to share the perspectives gathered from a wealth of interaction with public health and community health challenges in the government and non government (civil society) sectors.

The WHO- SEARO has recently made an interesting observation in its Report on Public Health Capacity-Building in the region recognizing the need for such interaction.

The challenge for CHC and CPHE, which is the new evolving jubilee unit, is to make this dialogue between the mainstream and the alternative, a creative engagement towards a new paradigm of public health and primary health care that makes 'Health for All' a reality someday. ■

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