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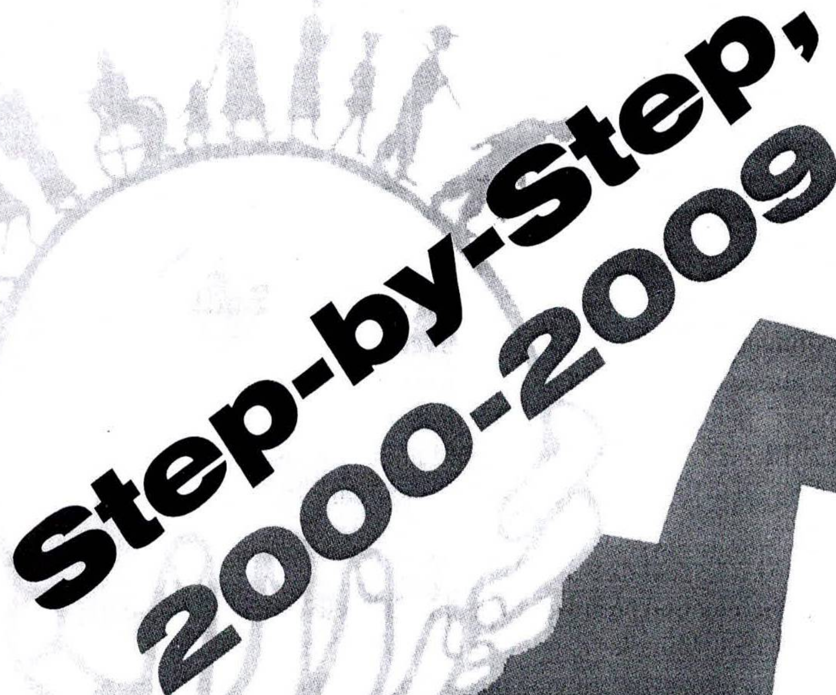
Jan Swasthya Abhiyan

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.

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

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.

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)*

- 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*

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 at 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, Government 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
  - high levels of morbidity and mortality
  - poor functioning of health services
  - 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)