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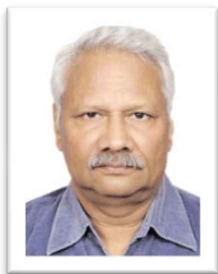
Defending Public Health Sector: The Role of Health Movements

Abstract

Health continues to remain as one of the least understood fields of knowledge. More often than not a narrow view of health is taken confining it to three Ds: Disease, Drug and the Doctor. This view also limits the scope of study of the subject. The perspective of the policy makers on population and its relation with development, has further led to a lop-sided view of health[1]. The result is that the people who suffer due to lack of development, are often held responsible for their own impoverishment. This 'blame the victim approach' has been propagated by the bureaucracy as policy makers to present themselves as 'we know all'. However, the outcome of the health policies inIndia has been poorer than even the sub-Saharan nations. The review of the policies clearly brings out the biases of several types including urban bias, rich bias, and the tertiary services bias. The post 1990s period has further segregated the poor and urban populace through a tertiary care led insurance based healthcare services system. This paper explores the role of awareness about peoples' entitlements and Civil Society advocacy in this sector. The role of Health Movements has been chosen to present a comprehensive picture of the community based awareness campaigns. The paper concludes that such movements have played very constructive role towards formation of some of the people-centric policies in last two decades.



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Introduction

The role of state as a welfare state has been under scrutiny for last few decades particularly in developing countries. The immediate reason for such a critical view appears to be the poor service delivery of the welfare programs aimed at supporting the masses. More often than not, the state has been found wanting in its role as a welfare state and hence finds itself at the centre of critical assessment and sharp criticism. On many occasions, the state has been termed as insensitive towards poor population suffering of acute poverty, ill-health, poor literacy and social security. Within the country, inter-state differential in development indicators exist significantly: better indicators in the states with history of social and cultural movements e.g. Kerala and Tamil Nadu. The level of awareness in these states is much above the rest. Health and literacy in these states is mainly attributed to people's participation and existence of CSOs and peoples movements that sensitised and pressurised respective governments to give higher priority to developmental issues.

Objectives of the Study

In the light of the above, it is interesting to take a look at the role of Health Movements in strengthening public health systems in India. The case of increasing awareness as well as advocacy with the government deserves a thorough analysis. This paper aims at assessing this aspect of the role of CSOs and people'smovements in influencing the community as well as policy making in the country.

Methodology

The study is primarily based on in depth interviews of 48 network organisation members. Twenty of them were the organisation heads and 28 were senior functionaries of their organisations. The questions (annexure I) ranged from their understanding of the public health systems to the approach adopted for advocacy with the government. The responses were analysed using qualitative technique. The study also used secondary sources such as NGOs published reports, unpublishedreports and government documents.

Review of Literature

This area remains very little researched in terms of publications directly related to CSOs/NGOs/ Peoples Movements' role in strengthening Public Health Sector as most researchers have dealt with the role of NGOs/CSOs in health sector or the public private partnership and health.BikasGyawali's paper on Role of NGOs in Health Services Delivery (2017), dwells more on the expansion of NGOs across regions. The authors have observed that over 15 percent of total overseas development aid is channelled through NGOs, however the paper does not touch upon NGOs' contribution toward strengthening public health care sector[2]. Iram Ejaz et.al. in their paper on, "NGOs and government partnership for health systems strengthening: A qualitative study presenting viewpoints of government, NGOs and donors in Pakistan", have undertaken a qualitative study of the NGO sector's contribution towards filling the gaps in the health systems of Pakistan. This is a useful study that takes a serious look into different dimensions of health status, its challenges and possible remedies. One of the contributing factors, according to this study is positive role of NGO[3]s. In their book, Health beyond Medicine, (2018), Vikas Bajpai and AnoopSaraya, have presented an analysis of less responsive health policies, terming the entire experience as *'disconcerting dilemma'.* They have taken a comprehensive view of the health policy making in India and have prepared a critique of the approach, vision and attitude of the ruling elites. On a number of occasions, they have expressed strongly on favour of defending the public health sector and have cautioned against the PPP in health sector.

The Peoples Health Movement has taken sustained campaigns for 'Health for All' and published a number of books and booklets. The major focus of this organisation has been right to health and the campaigns aimed at organising framework for mobilisation and movement building around Health for All. The literature of PHM clearly spells out the strategy for change which includes: political economy analysis; addressing structural determinants of health; community mobilisation; and fostering of the vision based on equity, social justice and participatory democracy. Between the year 2000 and 2018, it has come up with dozens of serious documents including Global Health Watch series 1st to 3rd; Health for All by 2000; Health for All Now etc.[4].,. A number of other dissemination material in the form of papers, monographs and reports can be accessed at its website: www.phmovements.org[5].

Findings and Discussion

This section presents the major finding of the study as the table 1 shows as many as 40 people agreed that private sector is responsible for weakening of the PHIs but at the same time 46 out of 48 believed Liberal Economic Policies responsible for weakening of the PHI. All the 48 network organisation unanimously agreed on the positive role of NGOs/CSOs in community mobilisation and awareness on issues of health and development. Twenty- five network organisation were in the view that campaigns have played effective role in PHI. Also 38 have said that advocacy has brought some positive change in PHI.

Table 1 Factors responsible for strengthening and weakening of PHI

Responses of the Network Organisation	No. of Responses
Role of private sector in weakening the PHIs	40
Liberal Economic Policies responsible for weakening of the PHI	46
Role of NGOs/CSOs in community mobilisation and awareness on issues of health and development	48
Campaigns have played effective role in PHI	25
Advocacy has brought some positive change in PHI	38

The role of Civil Society Organisations in making community aware about their entitlements and sensitisation on health and development issues on the one hand and advocacy with the governments on the other, is paramount for significant improvement in utilisation of health care services. An analysis of the South Asian countries' health status and other Human Development Indicators (HDI) provides a clear evidence of the presence of Civil Society Organisations (CSOs) and the impact of their work. No wonder that their HDI is much better than India could achieve so far. Although it will be too simplistic to attribute this achievement of those countries to only the CSOs, since the high priority of governments in allocating higher percentages of GDP for health sector has also been important factor in improvement of their development indicators. Never the less, the CSOs have been successfully advocating for higher doses of budgets.

Health Movements in India: A Background

In India, since long the Health has been considered as a fundamental human right. From CSOs initiative, there have been various struggles and campaigns to achieve health for all. Alma Ata Declaration of 1978 has been one of the most important milestones in these struggles. Peoples Health Movement (PHM) has been the torch bearer of the rights based campaign towards Health for All. PHM is a network of more than fifty CSOs working in the field of health and have faith in the Alma Ata Declarations. PHM has contributed in advocacy with the governments through their dissemination materials, debates and discussions and policy briefs. The contribution has also been in the form of being part of policy making groups on several occasions. Involving community in the process of campaigns has been another strategy of the PHM organisations. The campaigns of the PHM have witnessed two major stages. First was in the pre-2000 period and the Second in the post 2000 period. The year 2000 is directly linked with the Alma Ata Declaration since in the Declaration it was pledged that basic health services for all will be provided by the state by the year 2000. This year is the 40th anniversary of Alma Ata Declaration, nevertheless, the world is still facing global health crises characterised by inequities related

to a range of social determinants of health, acces to health services and health outcomes.

The CSOs and Peoples Movements utilised the year 2000 as the year to take stock of thestatus health care services. Right from the first month till the last, assessment of the health status was carried out. Gram Panchayat Health status reports were prepared and compiled at the block, district and the state level. The status was then shared with the people of respective panchayats and blocks. *Sammelans*were organised at district and state levels for such sharing. In 24 states, this exercise was undertaken[6]. In all the 24 states, State Health Assemblies were organised and then the National Health Assembly was organised in Kolkata 30 November 2000.World Health Assembly was organised *at GanaSwasthya Kendra, Savar*, Bangladesh, during 4-8 December 2000 in which health activists from 104 country participated. It was celebrated in all flavours of different continents. The organisers had a clear objective of sharing the health reports of different countries, discussing and debating the issues of concerns and then come out with the Charter of Demands from respective governments. Health for All Now was the slogan at the WHA 2000.The forum was also used for expressing solidarity with people of all the participating countries and strengthening the bond between the activists working for improvement of health of the masses. The event was also utilised toforge alliance among networks across nations on issues of improving health of the masses which was possible through a strong public health system.

The Health Care System in India

India'shealth care system is characterised by inadequate and poor quality of public health services that arefurther shrinking due to inadequate finance. Health services are available with significant out of pocket expenditures for the masses. Simultaneously there is a fast growing commercial private sector which sees healthcare as an area for high profit ventures, as a result India is way short of providing accessible and affordable health care to its citizens. After independence, India had come up with some very positive initiatives one of which was adoption of the Bhore Committee recommendations. It was in tandem with the directive principles of the Indian constitution adopted by the government of India,that clearlystates the obligation to provide universal health care to all its citizens. The outcomes, however were not matching the noble objectives. The Bhore committee report envisageduniversal access to health care by 1960. However, this deadline passed unnoticed, as the health system gotreduced to a family planning and malaria control programme. This narrow, selective and target based approach led to horrible health outcomes. That reflected the impact of international funding agencies such as the World Bank, advocating target based and selective approach. But there was another opportunity for the country to come out of the shackles of such targeted approach: in the years after the Alma Ata declarationof Health for All by 2000AD, the nation re-dedicated itself to concept ofuniversal health care and in its national health policy of 1983 committed itself to achieving it by theend of the century[7]. Unfortunately, within the following decade, this commitment to universal and comprehensive primaryhealth care had taken an extremely contradictory route of selective primary health care. During this very period and the next couple of years, this was converted to afew vertical disease specific interventions.

Reproductive healthcare, during the entire 1990s was reduced to only services made available in pregnancy and child immunization. To make the things worst, state health systems were systematically undermined- by a complete slowdown in public investment in health. The worst hit segment under this approach wasthe Human Resource for health, especially in developing or deploying human resources forhealth in the public sector. There were rampant shortages of health functionaries at all levels. This period saw an overwhelming growth of the commercial private sector leading to corporatization of health sector. The declining investment in health care sectordirectly impacted quality of public sector health care services and created gaps leading to a considerable rise in out of pocket expenditures (OOPE) on health care. More often than not the OOPE had been catastrophic.

A look at the public expenditure on health as proportion of the Gross Domestic Product (GDP) provides a clear picture of the priority this sector has been given by the successive governments.

Table 2: Expenditure on Health as share of GDP for Government of India during 12th Plan Period over 11th Plan Period

Year	Expenditure on Medical and Public Health and Family Welfare as Share of GDP	Total Expenditure on Health as Share of GDP
2007-08	0.6	1.2
2008-09	0.6	1.3
2009-10	0.7	1.4
2010-11	0.6	1.3
2011-12	0.6	1.2
2012-13	0.7	1.2
2013-14	0.7	1.3
2014-15 (RE)	0.9	1.2
2015-16 (BE)	0.9	-

Source: Indiastat and World Bank 2016.

In the UPA I regime, a number of progressive and pro-people schemes were introduced. One such scheme was the National Rural Health Mission (NRHM). Health movements also contributed in drafting the policy paper for NRHM. Between 2000 and 2003, three pilot interventions were introduced in Kerala, Chhatisgarh and Uttar Pradesh. Two out of three pilot interventions were implemented the constituents of PHM: BGVS in Chhatisgarh and Uttar Pradesh. Community Health Workers were known as *Mitanin* in Chhatisgarh and *SwasthyaSathi*in U.P. In 2004, the outcomes of these interventions were accepted by the Government of

India for elaborate discussion for framing a rural based health program. After considerable reviews and debates and discussions, a Drafting Committee for the NRHM was constituted that included members of PHM also. Thus a very successful program had evolved.

The NRHM came up with one of the major the objectives of universal access to comprehensive health care, and the strengthening of public health systems. It envisaged increased public investment in health care as central to achieving this goal. The major constraint it faced had been under-investment, in the pre NRHM period which still continued. Thebureaucratic inefficiencies and pro-liberalisation preferences coupled with an economic climate favouring the private capital in the health sector, constrainedNRHM, in achieving the targets it set for itself.

Conclusion

Successive Health policies in the post 1990s have been creating space for private sector. In recent years the corporatisation of health services has come up as a major developmental challenge to public health care sector.The National Health Policy 2017 also continues to put emphasis on the private sector. It calls for an approach to "strategic purchasing" that will prioritise public services, but within the same document and in the process of implementation, all the efforts are to provide more opportunity for the private players to gain at the cost of the public health institutions.

Poor public health care services and increasing role of costly private health care sector has put heavy economic burden on the teeming masses. The failed promise of Health for Allgave rise to an active movement in the form of the People's Health Movement (PHM) bringing together all the movements, campaigns and CSOs working towards the goal of strengthening public health care services.The movement draws attention to the failure of public sector health care services andalso calls for a return to building strong public health systems as the core of public health policy. The movement alsoworking to build consensus to address health crisis infested by inequities in access to health services.

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