

## **Report on regional JSA meeting convened by JSA Punjab.**

**Date:** 7th July 2017,

**Time:** 10 am- 3 pm

**Venue:** Conference Hall, Kisaan Bhawan, Sector- 35, Chandigarh

**Subject:** National Health Policy, 2017

JSA Punjab made it a point to involve diverse groups working in the field of human rights and social justice. The growing out of pocket expenditure on health is an issue that affects everyone and this was an effort to broad base the struggle for health in Punjab. The meeting saw attendance from JSA Haryana, JSA Himachal Pradesh, trade unions, farmer's unions and civil society groups. Dr. Amit Sengupta was the main speaker.

### **Dr. Amit Sengupta**

He spoke of the lack of health policy updation, indicative of health being low on India's national priority for decades. While on a prima facie reading, that 2017 health policy seems to be a pro-people policy advocating for people's participation and private sector regulation, a closer look reveals the intent of public sector disinvestment from health services. Government insurance schemes end up outsourcing care to private sector whereby public money ends up serving private interests. This leads to mushrooming of private sector at the expense of the public sector. The private hospital sector runs on the business model of being profit driven rather than being care oriented. Exploitation of the poor, dependent and vulnerable is a common phenomenon for private hospitals to achieve their targets. The government is also promoting private insurance through tax breaks. The tax foregone by the government ends up profiteering corporate insurance players. Disinvestment in primary care in favour of tertiary care is also a concerted effort of the new health policy.

Dr. Amit Sengupta also touched on the limitations faced by public health workers like lack of accommodation and basic support services at the grassroots level which lead to health staff not wanting to work at the grassroots level. He highlighted that expensive private medical education leading to accumulation of debts pushes medical professionals away from the public sector, and towards private sector hospitals. This aspect, he said, has been missed in the 2017 Health Policy. ASHA's, the key implementers of most schemes, have not been regularised and that is an additional concern. He gave the example of Pakistan where ASHAs have managed to get regularised. India is among countries that have the lowest spending on healthcare. Countries that spend as much as India are Liberia, Sierra Leone and Pakistan. Till public health spending on health services is increased, the health policy will remain on paper. Without resources to back it up, implementation will remain difficult.

He concluded by saying that India has never seen movements dedicated to improving health services. Lacking the experience of good public health services, people are complacent and do not question the poor status of public health services. There is a general acceptance that government services are and will remain poor. Till this perception exists in the public, health will never become an issue that movements directly address. Even in the fight for independence, health was never an important concern the way education was. This continues till today. The concept of health remains largely curative and does not focus on the larger public health. Individual efforts to stay healthy will not be successful till there is some collective effort. Europe saw many sanitation movements during and post industrialisation. This has never been the case in India.

He also spoke of the nexus between pharma companies and doctors that promotes branded medicines over generic medicines.

Three years ago the Ministry of health had issued an order mandating that doctors prescribe only generic medicines. This, however, did not succeed. The number of trained pharmacists in India is very low- not even one third of the number required. This impedes the implementation of the order. When the normal practice has been of prescribing generic drugs and we do not have the mechanism to implement the order, it increases the scope of victimisation of doctors.

Hospitals, curative care and medicines and doctors only address 10-15% of health needs. The rest depend on the social determinants of health like housing, water, air, pollution etc. If we do not link our discussions with local problems then a movement will not emerge. In the present context, without public pressure to strengthen public health services, the corporate health lobby will continue to dominate.

**Comments/ observations/ suggestions from participants were as follows:**

1. Groups like JSA have been fighting for the right to health for years. Yet, health has not become an issue in mainstream politics. Why is this?
2. In the context of Punjab where there is a rise in medical problems and privatisation of essential medical services, lack of access to affordable and quality medicines is a grave public health issue.
3. While the population of Chandigarh has more than doubled, the hospital services remain the same. When there is no increase in budget how can the government keep up the health services to match the needs of the population. We must create a movement to demand this by building awareness and taking such discussions on the health policy into every household.
4. Health, being a State subject, must be addressed through a state health policy to identify and address state specific issues.
5. The disparities in salary between contractual and regularised staff at the same post is a disincentive and leads to corruption. The state is facing shortages in health staff and in such a situation, we need to think about regularisation of health workers like ANMs and ASHAs.

6. The poor masses are afraid to join *jan andolans* for fear that what services they receive presently from the public sector will also be taken away. There is no confidence that public health services will ever improve. In such a situation how does one start a movement to agitate for improvement in health services?
7. There is a need to regulate the medicines being sold in the market. Many cases of false or duplicate medicines have been reported.
8. Trade union activity is on the decline. Spaces for engagement of civil society of policy issues is decreasing.  
Engagement with civil society has been reduced to tokenism, instead of constructive critiquing.
9. Western standards aren't always practical to compete with. Instead we must look at experiences of our neighbouring countries like Bangladesh and Sri Lanka who spend more than India on health.
10. Accessing private health care facilities has become a status symbol. Accessing public sector facilities is looked down upon and has helped the private sector by accelerating their acceptability. The Fortis hospital set up in Mohali was initially not being accessed by the public. To make it more acceptable, government doctors were put on the panel. The thrust in such hospitals is not on good care but return on investments.
11. There is a need to form a regional group or committee to monitor the private sector services.
12. There is an increasing gap between doctors in the public health sector and community members. The general perception among community members is that government hospitals do not offer effective treatment. This perception suits the private sector.
13. In Jind, Haryana JSA engaged with Khap Panchayats to demand that the health system give diagnostic services and treatments for health problems arising out of pesticides. The High Court of Punjab & Haryana had given an order to complete staffing shortages. This order did not get implemented despite efforts of JSA for three years. This created tension between doctors and people, and often led to physical conflicts between the two. People need to understand the constraints of the medical system. Instead of making this a fight against doctors, people need to demand that constraints be overcome by the government.
14. The need for implementation of Clinical Establishment Act was highlighted. We must have *dharnas* and protests to demand the enactment and implementation of this Act by state governments.
15. There is a need to question the chemical based system of farming to address the non-medical aspects of health. We need to push against GM seeds. For this people oriented organisations fighting on different issues need to come together on a common platform and engage with the masses.
16. There is a need to form a context specific plan with long term, medium term and short term demands.