

## **Press note on Chhattisgarh JSA Convention on Right to Health**

A state convention on 'Right to Health' was held in Gass Memorial Raipur on 23<sup>rd</sup> March 2018. The program was organised under the umbrella of Jan Swasthya Abhiyan (JSA) and saw participation from organisations working on health, Adivasi and Dalit sangathans, research organisations, legal-aid organisations, trade unions, patients' rights groups and other community based organisations. Nearly 200 health activists, health workers, and Adivasi and Dalit community leaders from all over the state attended and shared their experiences on the problems being faced in using RSBY and MSBY health insurance and discussed concerns over state government's plans for privatisation of hospitals and health services.

The government had announced in the budget speech that it will be privatising two Civil Hospitals. Subsequently, the number of hospitals to be given to the private sector under Public Private Partnership (PPPs) rose to nine and then to 27. The forum strongly criticised the government's decision to privatise public hospitals and said that it is very clear that the state government is not concerned with the adivasi, dalit, poor and rural people of the state and simply wants to hand over public resources to private sector for profit-making. The forum questioned the government's rationale that they are being forced to do PPPs due to lack of doctors in public system. People questioned how come the government has not been able to recruit doctors for Raipur and Durg and other cities named for PPPs, when district hospitals of remote districts like Bijapur and Dantewada have been able to recruit adequate doctors and specialists? The forum also pointed out that the government is making differing statements daily as it wants to confuse the public and leave them in the dark about the actual plans. Apart from this, it was also discussed that there is high probability that that government is planning to undertake the free diagnostics scheme that was announced in the budget speech, through outsourcing labs to private sector.

The evidence on privatization of hospitals and outsourcing of health services from different states prove that the privatization initiatives fare poorly, do not benefit the poor population and only increase costs for the patients and public exchequer. Most of them finally have to be closed down because of non-performance or inability of the private party to run them. In Karnataka, privatisation of urban PHCs and Super Speciality Hospital failed miserably and had to be closed down. In Chhattisgarh too all previous efforts, like the Escorts Hospital, Vedanta Cancer Hospital, and Rural Mobile Medical Units have failed and caused great loss to public exchequer.

The members present also discussed how the government health insurance programme (RSBY and MSBY) is the biggest privatisation initiative of the government which is leading to transfer of public funds to private sector and also resulting in catastrophic health expenditure for people seeking treatment in private hospitals. Researchers shared that more than 80% of the claim reimbursement is received by private hospitals and 63% of hospitals are located in the three

cities of Raipur, Durg/Bhilai and Bilaspur. Over the past three years where on the one hand, the increase in health budget has been going down, the share of RSBY/MSBY has doubled.

Participants gave testimonials on their experience of trying to use RSBY/MSBY health insurance in private sector. They narrated incidences of grave human rights violation and excessive charging of money in the private sector. Many participants shared their experiences of private hospitals withholding the dead body for money. Kirani from Ambikapur shared that how in one of the private hospitals she was refused treatment by smart card and the helpline at 104 was no help. She then had to spend 20000 from her pocket on treatment. Later when she got the smart card checked in the district hospital her smart card was found to be working. Another participant shared that in a private hospital in Raipur, family was not allowed to see their child who was the patient. On forcefully entering the hospital room, the relatives learnt that the child had been dead for seven days. Even then the hospital demanded Rs 1.5 lakh to release the child's body, despite using the insurance smart card. In another case, the private hospital took Rs. 90,000 extra from the patient's family and when they wanted to take him elsewhere, the hospital refused to give back the insurance smart card. One participant spoke of how a private hospital demanded extra money from the wife of a patient admitted under RSBY. She could not arrange so much money and under that pressure committed suicide by jumping from the hospital roof.

Ms Hilda Grace from Andhra Pradesh shared the experiences of the Aarogyasri health insurance and the negative consequences it has for people and the public system. There too, more than 80% money goes to private sector and people also incur huge amounts of out of pocket expenditure. She also shared how the outsourcing of labs had led to great loss to public exchequer.

Affected people also gave testimonies on the poor and non- functional grievance redressal system under 104. Many people present said that they have complained to the helpline, but no action has been taken on their cases.

It was also discussed how the government has been neglecting its own public health system through under-resourcing, not approving adequate regular posts and not making recruitments. This demotivates government health workers and results in denial of health rights and services. The few tertiary level public hospitals, like the medical colleges, are not able to cope up with the pressure and patient load as many cases that could've been dealt at the level of block or district, get referred here due to lack of services in districts. Numerous cases of violation of patients' rights were shared. Member of the Mahila Swasthya Karyakarta union said that there are more than 900 mitanins who had been trained as ANM and GNM with government scholarship, but are now still unemployed. It was demanded that government should create regular posts and recruit local people for health centres and government labs.

Private practice by government doctors emerged as another major issue plaguing and weakening the government health sector and ending in high expenditure or denial of services to the patients.

Participants shared how in many cases doctors neglect their government duty and call patients to their private clinic for treatment.

A charter of demands was prepared and ratified by the organisations and individuals present, to be submitted to the government. There was consensus that Chhattisgarh government should use public funds to strengthen the government health system instead of transferring funds to the private health sector through insurance schemes and public private partnerships which actually damage the public health system. A strong government health system can cater to all the people of the state, especially the poor, tribal and vulnerable populations more effectively. Further it was demanded that rates for treatment and medicines in private sector should be fixed and regulated by government.

It was demanded that the state should invest more in crucial public services such as health, education and nutrition instead of retreating from it and handing over these critical services to the private sector. The participants expressed solidarity with frontline workers like anganwadi workers, mid-day meal cooks, mitanins, mitanin trainers and others towards demanding appropriate and fair payment.

The convention came to a close on a collective call demanding that the Chhattisgarh government should immediately cancel the plans for privatisation of health facilities and services and show higher commitment to people's health and to its own public health system.