



Jan Swasthya Abhiyan

People's Health Movement-India

National Health Assembly-3

"The time to make health and healthcare a fundamental right is Now!"

Health as a fundamental human right is not a new concept. There have been various struggles and campaigns to achieve health for all, across the world. One of the most important milestones in these struggles is the Alma Ata declaration of 1978. The year 2018 marks the 40th anniversary of this declaration. Nevertheless, we are still facing global health crises characterised by inequities related to a range of social determinants of health, access to health services and health outcomes.

Health System in India: A Background

The health care system in India is characterised by shrinking public health services that are inadequately financed, of poor quality, and with significant out of pocket expenditures for the service users. On the other hand, there is a growing commercial private sector which sees healthcare as an area for high return investment, and which is disconnected from all public health outcomes. Even after 70 years of independence, India is way short of providing accessible and affordable health care to its citizens. The directive principles of the Indian constitution adopted by a newly independent India, clearly states the obligation to provide universal health care and the Bhole committee report envisaged universal access to health care by 1960. This deadline passed unnoticed, as the health system got reduced to a family planning and malaria control programme. Again, after the Alma Ata declaration of Health for All by 2000AD, there was a phase when the nation re-dedicated itself to concept of universal health care and in its national health policy of 1983 committed itself to achieving it by the end of the century. But within ten years, this commitment to universal and comprehensive primary health care had been subverted to selective primary health care, which was further reduced to a few vertical disease specific interventions. In the name of reproductive healthcare, the only services made available were some elements of care in pregnancy and child immunization. All through the nineties, state health systems were systematically undermined- by a complete slowdown in public investment in health, especially in developing or deploying human resources for health in the public sector. This period saw an overwhelming growth of the private sector and a huge rise in out of pocket expenditures on health care.

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After the electoral verdict of 2004 that was interpreted as a call for a government more responsive to welfare measures that reached the poor, the National Rural Health Mission was launched. This Mission re-articulated the goal of universal access to comprehensive health care, and the strengthening of public health systems and increased public investment in health care as central to achieving this goal. However, faced with continued under-investment, bureaucratic inefficiencies and operating within an economic climate seeking to find avenues for private capital in the health sector, NRHM, fell far short of the targets it set for itself. This has been frustrating for those who worked for it and an opportunity for those embedded in the dominant thinking of the nineties to insist on limiting investment in public health facilities, and instead calling for public financing to be used for different forms of contracting in the private sector as the mainstay of universal health care. Experience over the last two decades show that "Public Private Partnership" (PPP) has not only failed to deliver the desired outcomes but has in turn added to the weakening of public health facilities to the advantage of private sector. But privatisation is no solution. In fact, it is the central problem. India is perhaps the world's most privatised health care system- with over 80% of all health expenditure being private and out of pocket. Impoverishment due to increased expenditure on health is a major concern disproportionately affecting those who are marginalised and deprived. Notwithstanding the ever-mounting evidence that points towards the inefficiencies of the private sector, the policy makers seem to be inclined towards increasing the engagement of the private sector in health service delivery.

National Health Policy 2017 and further impetus to the private sector

The National Health Policy 2017 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 efforts are to provide more opportunities for the private players to gain at the cost of the public health institutions. The recently launched National Health Protection Scheme (NHPS) aims to cover almost half the population with publicly funded health insurance. Though very aspirational in its media projection, the scheme is built and formulated around an interpretation of universal health coverage, that reduces universal health care to health insurance coverage, and that too for a proportion of the population. The private health insurance companies and health care providers are already expecting huge windfalls from NHPS. In parallel to this and deferring to a massive consensus in the health policy community, the government has also launched a programme for the provision of Comprehensive Primary Health Care (CPHC). This programme envisages the strengthening of 1.5 lakh existing sub centres and all primary health centres into Health and Wellness Centres (HWC) that would deliver a broader package of preventive, promotive, curative and rehabilitative services delivered close to communities by health care providers. However, for its successful implementation, the system has to commit to more finances, a regular well trained considerably expanded work force and a very robust continuity of care arrangements with a strengthened secondary and tertiary healthcare. It is to be seen how this dichotomy of 'coverage' versus 'care' would play out in the long run.

People's Health Movement globally and in India

The failed promise of Health for All globally gave rise to an active movement in the form of the People's Health Movement (PHM) bringing together all the movements and campaigns working towards this goal. The People's Health Movement (PHM) was created in December 2000 following the first People's Health Assembly (PHA) in Bangladesh. The movement not only draws attention to the failure but also calls for a return to building public health systems as the core of public health policy and aims to build consensus to address the global health crisis that is characterized by inequities related to a range of social determinants of health and in access to health services within countries and between countries. As a follow up to the first People's Health Assembly, two subsequent assemblies were held in Cuenca, Ecuador in 2005 and Cape Town, South Africa in 2012. The next People's Health Assembly (PHA-4) is slated to be held in Savar, Bangladesh in December 2018 and aims to draw public attention to the adverse impact of the policies of globalization on the health of people worldwide, especially on the health of the poor.



Jan Swasthya Abhiyan (JSA) is the India chapter of the People's Health Movement (PHM) and brings together various grassroots movements, activists and civil society organisations towards the shared objective of achieving universal health care for all regardless of caste, creed, gender, race or sexual orientation. JSA through its various state, regional and local chapters have been actively engaging with authorities and policy makers on issues of denial of health care services, strengthening of public health systems and access to medicines. JSA is one of the most vocal voices campaigning towards achieving health as a fundamental right enshrined in the Indian constitution and making the denial of the right to good health and good healthcare a justiciable offense.



The time to make health and healthcare a fundamental right is Now!

Third National Health Assembly (September 2018)

The National Health Assembly scheduled to be held in Raipur, Chhattisgarh with the motto, "*The time to make health and healthcare a fundamental right is Now!*" and aims to bring together activists, academics, peoples' movements and members of civil society organisations to mobilise action towards setting health as an important agenda prior to the upcoming general elections. Incidentally, the global People's Health Assembly is going to be held in Bangladesh and this will also be an opportunity to reenergise and create a momentum for our common struggle. We are expecting participation of around 1500 people from across the country.

The tentative list of themes for the assembly is given below:

- 1) Defending Health Systems
- 2) Privatisation and Healthcare
- 3) Gender and Health
- 4) Access to Medicines and Diagnostics
- 5) Social determinants of health

This National Health Assembly is the third- the first we held in Kolkata in year 2000 and the second in Bhopal in 2006. Over the course of the last 12 years, the health sector has seen rapid developments and major changes in its structure and goals. Some of these trends, already present in the formulations of the Planning Commission in the closing years of the earlier regime, have accelerated under the Niti Ayog and its neoliberal narrative post the 2014 elections. The health sector along with other social sectors like education has seen continued decline in public investment. There is an increased need to defend public systems and prevent the rampant privatisation of all public goods and services including health. Other challenges are seen in the form of rising fundamentalism, majoritarianism and attacks on gender, Dalit and Adivasi rights, free speech and democratic discourse. This sets the context for the National Health Assembly and it will also give an opportunity to review the work that JSA has done in mobilising action towards health for all.

National Health Assembly-3

Dates: 22nd and 23rd September 2018

Venue: Rabindra Bhawan, Kalibadi Road, Raipur, Chhattisgarh

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