



# Jan Swasthya Abhiyan

*People's Health Movement-India*

## National Health Assembly-3

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

**Dates:** 22nd and 23rd September 2018

**Venue:** Ravindra Manch, Kalibadi Road, Raipur, Chhattisgarh

The Right to Health is acknowledged as a fundamental human right and there have been numerous struggles and campaigns to achieve health for all, across the world. The year 2018 marks the 40th anniversary of the Alma Ata declaration which called for Health for All by 2000. In India, we are facing a health crisis, 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. The Bhore committee report (1946) envisaged universal access to health care by 1960. Unfortunately within a few decades after independence, health and health care was reduced to a few vertical programs such as family planning and malaria control. The national health policy of 1983 committed itself to achieving universal access to health care by the end of the century. This promise was never redeemed and public health initiatives remained limited to a few vertical programmes addressing specific diseases and a skeletal maternal and child health program. All through the nineties, further cuts on investment on health were carried out. This period also saw a rapid growth of the private sector and a huge rise in out of pocket expenditures on health care.

The National Rural Health Mission (NRHM) was launched in 2004. The NRHM re-articulated the goals of universal access to comprehensive health care, the strengthening of public health systems and increased public investment in health care. However, faced with continued under-investment, bureaucratic inefficiencies and being forced to operate within a neoliberal economic climate, 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 that argued for limiting investment in public health facilities, and instead called for partnerships with the private sector as. Over the last two decades “Public Private Partnerships” (PPPs) have not only failed to deliver the desired outcomes but have also contributed to the weakening of public health facilities. India has one of the most privatised health care systems in the world, with over 80% of all health expenditure being private and out of pocket. Impoverishment due to increased expenditure on health disproportionately affects those who are marginalised and deprived. Notwithstanding the mounting evidence that points toward the inefficiencies of the private sector, current public policy is geared towards increasing engagement with the private sector for health service delivery.

### **National Health Policy 2017 and further impetus to the private sector**

The National Health Policy 2017 continues to place emphasis on the private sector. It calls for “strategic purchasing” of services, thus clearing the way for greater private sector involvement in health care delivery, even where it is publicly funded. The recently launched National Health Protection Scheme (NHPS) aims to cover almost half the population with publicly funded health insurance. The scheme is built and formulated around an interpretation of universal health coverage that reduces healthcare to insurance coverage, and relies on outsourcing of care to private facilities. Private health insurance companies and health care providers are already expecting huge windfalls. The government has also launched a programme for the strengthening of 1.5 lakh sub centres and primary health centres and with a view to converting them to Health and Wellness Centres (HWC) that would deliver a broader package of preventive, promotive, curative and rehabilitative services. However, given the extremely meagre resources pledged, we can expect only marginal progress in the future. For its successful implementation, the system has to commit to much larger financial commitments finances; a regular well trained considerably expanded work force and a robust continuity of care arrangements with strengthened secondary and tertiary care services.



## People's Health Movement globally and in India

The failed promise of 'Health for All' gave rise to the global People's Health Movement (PHM) in 2000, following the first People's Health Assembly (PHA) in Bangladesh. The movement not only draws attention to the failure to redeem the pledge of the Alma Ata Declaration 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. The Fourth People's Health Assembly (PHA-4) is to be held in Savar, Bangladesh, on 15-19 November, 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 popular movements, activists and civil society organisations and aligns them with the 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 has 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 the principal platform campaigning for making the denial of the right to health healthcare a justiciable right.



## **Third National Health Assembly (September 22-23, 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!", aims to bring together activists, academics, peoples' movements and members of civil society organisations to mobilise action towards projecting health as an important agenda prior to the upcoming general elections. This will also be an opportunity to reenergise and create a momentum for our common struggles. We are expecting participation of around 1500 people from across the country.

The tentative list of themes for the assembly are:

- (1) Defending Public Sector Health Systems
- (2) Privatisation and Healthcare
- (3) Gender and Health
- (4) Access to Medicines and Diagnostics
- (5) Social Determinants of Health

Since the Second National Health Assembly in Bhopal in 2006, the health sector has seen major changes. 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 Aayog and its neoliberal narrative after 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 public services, including health. The country faces many other serious challenges, 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, which will also be an opportunity to review the work that JSA has done in mobilising action towards health for all.

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